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ABSTRACT

Designed as a concerted effort to control the paperwork and reduce the number of data collection reports required by the Connecticut State Department of Education, this report lists the forms the department will use in the 1987-88 school year to collect data on the condition and the progress of education in Connecticut. An introductory discussion describes the results of coordinating data collection, provides an assessment of reporting requirements, and includes explanatory notes for the tables in the report. The report itself is divided into four parts: (1) a listing of Department of Education forms grouped as follows: to forms required of all superintendents this school year, forms required on a schedule longer than one year, forms required of some superintendents as needed, and forms required of other respondents; (2) a listing of the forms required of local school districts by agencies other than the State Department of Education; (3) a numerical listing of all forms required of local school districts, including all forms listed in Parts 1 and 2; and (4) a September to August calendar, listing forms according to their due dates. Each list includes the state due date, local contact person, form type, need, form number, form name and justification, state contact person, and telephone number. (KM)

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DATA ACQUISITION PLAN 1987-1988

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FOREWORD

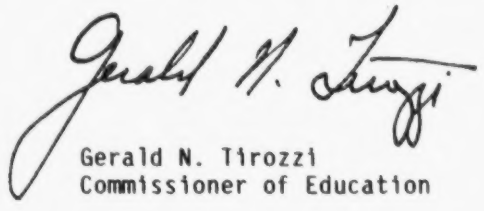
The Connecticut State Department of Education is pleased once again to distribute its annual *Data Acquisition Plan*. The current publication is the eleventh edition of this reference tool. As with earlier editions, the *Data Acquisition Plan 1987-1988* lists the forms that the State Department of Education will use in the coming school year to collect data on the condition and the progress of education in Connecticut.

Easing the paperwork burden on administrators is a continuing concern of mine. I pledge renewed support for gathering information from school systems in a way which minimizes the paperwork and maximizes the time for teaching and learning.

In testimony to our efforts we note that there are now 73 fewer forms than there were when this publication was first issued ten years ago. There has been some increase the last two years, principally for two reasons: (1) some forms were required to calculate and audit new state and federal grants, and (2) other forms were added as variants of existing forms, tailored for specific audiences or programs.

We review all forms annually, continually trying to improve their design so they can be more speedily and accurately completed by respondents and analyzed by the Department. We expect continued success in our efforts to minimize the paperwork required of Connecticut school districts.

Finally, I wish to express my thanks to local school staff who respond to our requests for data. The collection of accurate and timely data is an important part of public education; only with these data can we provide Connecticut's citizens with meaningful information about our public schools.



Gerald N. Tirozzi
Commissioner of Education

The *Data Acquisition Plan 1987-1988* has four parts:

- Part I: Listing of Department of Education Forms
- Part II: Listing of Other Agency Forms
- Part III: Numerical Index of Forms
- Part IV: Monthly Calendar of Forms

Part I lists Department of Education forms grouped as follows:

A forms required of *all* superintendents this school year;
B forms required on a schedule longer than one year;
C forms required of *some* superintendents *as needed*; and
D forms required of *other respondents*.

Part II lists the forms required of local school districts by agencies other than the State Department of Education.

Part III presents a numerical listing of all forms required of local school districts. It includes all forms listed in Parts I and II, even biennial/triennial forms not due this school year.

Finally, Part IV provides a September to August calendar, listing forms according to their due dates.

The preparation of the *Data Acquisition Plan* is supported by the work of the State Department of Education Forms Review Committee which annually reviews and approves all new and modified Department forms. Because of their diligent efforts this publication can be updated each month. In addition, the Department recognizes the continuing assistance of the CASA/CASBO* Data Reports Committee. Together with this group, the Department of Education has prepared a brochure, *Data Collection Procedures Relating to Public Elementary and Secondary Institutions of Education in Connecticut*, which outlines the procedures to be followed in soliciting information from education agencies. Copies are available on request.

Ways to consolidate forms and to make reporting procedures more efficient are continually under consideration. Questions or suggestions concerning forms or data acquisition matters should be directed to Pascal D. Forgione, Jr., chief, Office of Research and Evaluation (203-566-3577), or Thomas F. Breen III, Data Collection and Analysis Unit (203-566-1685).

* Connecticut Association of School Administrators/Connecticut Association of School Business Officials.

Good information is necessary for responsibly administering public education, but in recent years the amount of paperwork has become a significant issue. The annual *Data Acquisition Plan* represents a concerted effort to control the paperwork and reduce the number of data collection reports required by the State Department of Education.

Before a coordinated approach to data collection began ten years ago, forms multiplied without control. Codifying forms in the *Data Acquisition Plan* has made it possible to eliminate unnecessary and duplicate data requests and to consolidate requests on fewer forms. The success of this process can be gauged from the decline in the number of forms required in the past nine years. There has been an overall reduction of some 73 official Department forms included in the plan. In addition, using the plan as a control mechanism, and with the assistance of the CASA/CASBO Data Reports Committee, unofficial forms have been virtually eliminated.

The past year witnessed a great deal of activity in examining existing Department data collection forms, notably as a result of the active oversight of the Forms Review Committee and the CASA/CASBO Data Reports Committee. Federal and state legislation caused a number of revisions and some new forms; other new forms resulted from tailoring variations of already existing forms for specific audiences. Education is not static, and forms must be added or modified on a regular basis in response to new policy and program demands.

For example, 17 new forms related to state and federal grants were approved for use in 1987-88:

ED-005	Dropout Prevention Grant
ED-030	Teacher Salary Grant Application
ED-048	Notice of Start of Construction
ED-095	Estimate Meal Counts--School Breakfast
ED-096	Certification Letter--Summer Food Service Program
ED-098	Civil Rights Survey--Preaward Compliance Review
ED-101	Food Service Equipment--Severe Need Breakfast Program
ED-102	Semi-Annual Revenue and Cost Expenditure Report
ED-105	Lunch Count Report--Child Nutrition Program
ED-106	State School Breakfast Report, Costs and Income
ED-169	Professional Development Grant
ED-208	Migrant Education Registration and Enrollment
ED-210	Drug Free Schools and Communities Act
ED-211	Education for Economic Security Act
ED-238	Emergency Immigrant Education Fund--Annual Progress Report
ED-440	Grant Application--Carl Perkins Vocational Education Act
ED-471	OIC Equipment Grant Application.

In addition, one other new form was added, the ED-026 Pupil Data Conflict Form. The list also was increased by 13 form variations tailored for specific groups. These are:

ED-001A	Data Adjustment Form
ED-001R	End of Year School Report--RESCs
ED-008B	Mental Health Facilities Grant
ED-008C	Mental Health Facilities Grant
ED-025A	Pupil Data Adjustment Form
ED-027A	Pupil Data Adjustment Form--Regional Districts
ED-158NP	Nonpublic High School Graduate Follow-up
ED-159A	Nonpublic School Report
ED-203A	Chapter 1 Neglected & Delinquent Children Appl (Local)
ED-203B	Chapter 1 Neglected & Delinquent Children Appl (State)
ED-203C	Chapter 1 Neglected & Delinquent Children Surv (Local)
ED-203D	Chapter 1 Neglected & Delinquent Children Surv (State)
ED-400B	Voc Ed Post-Secondary Enrollment & Completion Report.

There are five Department forms that are collected on an other than annual schedule. This year only the ED-149, the Curriculum Survey form, is required. The ED-148, the Graduating Class Report; the ED-150, Teacher Evaluation Triennial Report; the ED-151, the EERA Biennial Report form; and the ED-511, Local Education Goals Report (which is collected every five years) are not required in 1987-88.

The task of reducing paperwork for school districts is not under the complete control of the State Department of Education. Part II of this report lists 31 forms that other agencies of government (state and federal) currently require of local school districts and over which the department has only minimal jurisdiction. This listing includes such forms as the State Teachers' Retirement Board forms and the application for federal impact aid.

Assessment of Reporting Requirements

Although there are 139 forms listed, only a fraction of these are filled out by the superintendent of schools. An important measure of the effectiveness of the Department's efforts is the reduction to an absolute minimum of the burden placed on the superintendent of schools. The following breakdown provides a more complete description of the reporting requirements placed on Connecticut school districts by types of forms required.

- Of the 139 forms, 32 are completed by individuals other than the superintendent and they relate to activities such as child nutrition, adult education and nonpublic educational programs. (These forms are listed in Part I-D of this report, pp. 12-13.)

- Of the remaining 107 forms, 59 are special purpose forms used only for discretionary programs for which districts choose to apply, such as School Facilities, State Grants, Federal Grants, Compensatory Education, Teacher Certification, Vocational Education and so on. (These special purpose forms are listed in Part I-C, pp. 9-11.)

- Of the remaining 48 forms, four are multiple-year reports (of the five listed in Part I-B, p. 8) which are *not* required in 1987-88. Only the ED-149 Curriculum Survey is due this year.

- Just 44 forms (which are listed in Part I-A, pp. 6-7 and Part I-B, p. 8) are required of all districts this year. Most are used solely for monitoring state and federal grants. These include federal and state child nutrition forms, federal grant forms (compensatory education, vocational education, and adult education), state grant forms, and state/federal compliance forms.

- The Department uses ten forms to collect the core data it needs to report to the General Assembly and public each year on the condition of education in Connecticut. Specifically, these forms incorporate the major statistical data collection burden required of local school districts by the State Department of Education. These are:

ED-001	End of Year School Report (financial)
ED-025	Pupil Data Report
ED-148	Graduating Class Report (biennial)
ED-149	Curriculum Survey (five-year cycle)
ED-151	Education Evaluation and Remedial Assistance Biennial Report (biennial)
ED-152	Racial Survey
ED-158	Graduate Follow-Up Report
ED-331	Special Student Registration Record
ED-400A,B	Vocational Education Enrollment and Completion Report
ED-404	Placement of Program Completers Report.

Explanatory Notes

The table headings in this report can be defined as follows:

- "*Ref #*" (for Parts IA, B, C only) is a sequential count for State Department of Education use only.

- "*Date Due State*" gives the month and the day the form is due at the state agency. The letters "M," "S," and "T" following

the form due date indicate that the form is due monthly, semiannually (January and July), or twice a year (October and May), respectively. A due date "AsReq" indicates that the form is used only as required. The letter "E" indicates a due date estimated at this time; the actual due date depends on federal release dates.

- "*Local Contact Person*" is the person at the local level responsible for submitting the form. The following abbreviations are used: "Sup't" for Superintendent; "Sponsr" for Sponsor; "Dirctr" for Director; "FdSMC" for Food Service Management Company; "Prncpl" for Principal; "Teachr" for Teachers; "Studnt" for Students; "Coordr" for Coordinator; "Aplcnt" for Applicant; "BdEduc" for Board of Education; and "Admin" for Administrator.

- "*Form Type*" (for Parts II, III and IV only) groups each form in one of the following types:

  Type "A" State Department of Education (SDE) forms which are to be submitted by all superintendents this year. Form titles for "Type A" forms are printed in capital letters in this report.

  Type "B" SDE forms which are submitted annually by a minority of superintendents on specified due dates or as required.

  Type "C" SDE forms which are submitted by respondents other than the superintendent.

  Type "D" Forms which are distributed by agencies other than the State Department of Education to collect school district data.

  Type "E" Forms which are submitted biennially or as required.

- "*Need*" identifies the primary use of the form: "S" - State; "F" - Federal; and "B" - both State and Federal.

- "*Form Number*" is a letter and number combination given at the top of the form which identifies the source and number of the form. For example, forms authorized for distribution by the Department of Education have the designation, ED, followed by a three-digit number, e.g., ED-001.

- "*Form Name: Justification*" identifies the title of the form and its statutory reference which requires the use of the form. State statutes are listed as "GS" or "PA" and federal statutes as "PL" or "FR." Words are often contracted, e.g., STATMT for Statement; CHLDN for Children.

PART I

EDUCATION FORMS

State of Connecticut
Department of Education
Part IA
Listing of Education Forms Required of All Superintendents This Year

Ref #	Date Due State	Local Contact Person	Need	Form Number	Form Name: Justification	State Contact Person	Telephone Number
1	9- 1	Sup't	S	ED-001	END OF YEAR SCHOOL REPORT: CGS 10-227	Robert Brewer	566-4861
2	8-15	Sup't	S	ED-002	CERTIFICATE OF COMPLIANCE WITH LAW: CGS 10-260,-220	Mark Stapleton	566-3825
3	7- 1	Sup't	S	ED-003	TEACHER/ADMINISTRATOR NEGOTIATIONS: CGS 10-153a	Leslie Williamson	566-2135
4	AsReq	Sup't	S	ED-014	MINIMUM EXPENDITURE REQUIREMNT PRELIM COMPLIANCE CHECK: CGS 10-262e	Martin Hollis	566-3431
5	11-15	Sup't	S	ED-017	GRANT APPLICATION--NONPUBLIC HEALTH & WELFARE SERVICES: CGS 10-217a	Robert Brewer	566-4861
6	10-15T	Sup't	S	ED-025	PUPIL DATA REPORT: CGS 10-261(a)	Robert Brewer	566-4861
7	10-15T	Sup't	S	ED-027	REGIONAL SCHOOLS PUPIL DATA REPORT (ED-025R): CGS 10-261,-53	Robert Brewer	566-4861
8	11-30	Sup't	S	ED-030	TEACHER SALARY GRANT APPLICATION: CGS 10-257a-g	Robert Brewer	566-4861
9	AsReq	Sup't	S	ED-076	ANNUAL ASBESTOS MANAGEMENT PLAN UPDATE: CGS 10-292b	William D. Guzman	566-7546
10	10- 1	Sup't	F	ED-080	POLICY STATMT--FREE & REDUCED MEALS & FREE MLK: 7-CFR 210, 215, 245	Ann R. Tolman	566-3195
11	6- 1	Sup't	F	ED-083	PAID MILK ONLY PROVISION: 7-CFR 214.13(a)(c)	Ann R. Tolman	566-3195
12	9-15M	Sup't	F	ED-103	REIMB CLAIM--NAT SCH LUNCH, BRKFST & SPEC MILK PROGS: 35-FR-3500	Ann R. Tolman	566-3195
13	6-15	Sup't	S	ED-105	LUNCH COUNT RPRT--CHILD NUTRIT PROG: CGS 10-266w, 7-CFR 220.9(e)(3)	Ann R. Tolman	566-3195
14	AsReq	Sup't	F	ED-110	CASH FLOW PROJECTION STATEMENT: 34-CFR 74.61(e)	Annette McCall	566-5959
15	9- 5M	Sup't	F	ED-111	STATUS OF CASH REPORT--FEDERAL PREPAYMENT PROGRAM: R-34,-74,-74c,d	Annette McCall	566-5959
16	AsReq	Sup't	B	ED-141	STATEMENT OF EXPENDITURE FED & STATE PREPAYT PROJS: R-34,-73,-74	Al Serruto	566-4989
17	AsReq	Sup't	F	ED-142	STATEMENT OF EXPEND CARRYOVER--FED PREPAYT PROJ: R-34,-73,-74	Al Serruto	566-4989
18	AsReq	Sup't	F	ED-143	LIQUIDATION OF OBLIGATIONS--FED PREPAYMENT PROJECTS: R-34,-73,-74	Al Serruto	566-4989
19	8-15	Sup't	S	ED-147	SCHOOL DISTRICT CALENDAR SURVEY: CGS 10-15,-16,-16b,-220	Robert I. Margolin	566-8113
20	10-15	Sup't	S	ED-152	RACIAL SURVEY: CGS 10-226a	David S. Cleaver	566-5469
21	10-25	Sup't	S	ED-153	EERA STUDENT PARTICIPATION REPORT: CGS 10-14m	Peter Behuniak	566-4008
22	6-15	Sup't	S	ED-155	ENUMERATION REPORT: CGS 10-249 to -251	David S. Cleaver	566-5469
23	9-15	Sup't	S	ED-156	TEACHER SHORTAGE SURVEY: CGS 10a-163	Peter Prowda	566-7117
24	12- 1	Sup't	S	ED-158P	PUBLIC HIGH SCHOOL GRADUATE FOLLOW-UP: CGS 10-224, -188	Judith Thompson	566-7369
25	9- 1	Sup't	F	ED-160	ECIA CHAPTER 2 EVALUATION: PL 97-35	Carlos Martinez	556-8525

State of Connecticut
Department of Education
Part IA
Listing of Education Forms Required of All Superintendents This Year (Cont.)

Ref #	Date Due State	Local Contact Person	Need	Form Number	Form Name: Justification	State Contact Person	Telephone Number
26	5-15	Sup't	F	ED-169	PROFESSIONAL DEVLOPMENT GRANT: PL 87-2, Sec. 9	Harold M. Portner	566-4565
27	6-30	Sup't	S	ED-173	APPLICATION TO CERTIFY SUBSTITUTES: CGS 10-145a	Pat Scully	566-4183
28	6-30	Sup't	S	ED-174	APPLICATION TO CERTIFY SUBSTITUTES, SPECIAL REQUESTS: CGS 10-145a	Pat Scully	566-4183
29	7-15	Sup't	S	ED-180	REPORT OF THREATS AND ASSUALTS IN SCHOOLS: CGS 10-233g	Robert I. Margolin	566-8113
30	6-30	Sup't	B	ED-203	LOCAL SCHOOL DIST APPLN FOR COMP ED GRANTS: CGS 10-14m-r, PL 97-35	Diana Whitelaw	566-8283
31	8- 1E	Sup't	B	ED-215	EDUCATION OF THE HANDICAPPED-Part B: PL 94-142	David Murphy	566-5454
32	7-15	Sup't	F	ED-222	GRANT APPLICATION: ECIA CHAPTER 2: PL 97-35	Richard Lappert	566-3593
33	11-15	Sup't	S	ED-228	ASSESSMNT OF DOMINNT LANGUAGE & LIMTD ENG PROFICIENCY: CGS 10-17f	George DeGeorge	566-5670
34	9- 1	Sup't	B	ED-241	ADULT EDUCATION SUMMARY REPORT: CGS 10-67,-73b, PL 95-561	Roberta Pawloski	638-4160
35	2-15	Sup't	B	ED-244	GRANT APPLICATION--ADULT EDUCATION: CGS 10-67,-73b, PL 95-561	Roberta Pawloski	638-4160
36	4-15	Sup't	B	ED-245	GRANT APPLICATION REVISION FOR ADULT EDUCATION: CGS 10-69, PL 95-561	Roberta Pawloski	638-4160
37	12- 1	Sup't	B	ED-331	SPECIAL EDUCATION CENSUS: PL 89-313, 94-142, CGS 10-76a-s	David S. Cleaver	566-5469
38	10- 1	Sup't	B	ED-332	FUNDING ELIGIBILITY: PL 89-313, CGS 10-4, -76, -253	David S. Cleaver	566-5469
39	5-22	*	B	ED-400A	VOC EDUC SECONDARY ENROLLMENT & COMPLETION RPT: PL 98-524	William Choquette	566-7369
40	5-22	*	B	ED-400B	VOC EDUC POST-SECONDARY ENROLLMENT & COMPLETION RPT: PL 98-524	William Choquette	566-7369
41	5-22	*	B	ED-400C	DISADV & LMTED ENGL PROF STUDENTS IN VOCATIONAL PROGRAMS: PL 98-524	William Choquette	566-7369
42	10- 1	Sup't	S	ED-401	VOCATIONAL EDUCATION STUDENT ADMISSION REPORT: CGS 10-95, -97	William Choquette	566-7369
43	3-15	*	B	ED-404	COMPLETER FOLLOW-UP REPORT FOR VOC ED PGM: CGS 10-95,-97, PL 95-524	William Choquette	566-7369

*Sup't., V.T. Dir., Comm. Col. Pres., Tech. Col. Pres., and Other Agencies.

State of Connecticut
Department of Education
Part IB
Listing of Education Forms Required of Respondents Biennially or Other Schedule

Ref #	Date Due State	Local Contact Person	Need	Form Number	Form Name: Justification	State Contact Person	Telephone Number
*44	2- 1	Sup't	S	ED-149	Curriculum Survey: CGS 10-16b	Larry Schaefer	566-4124
45	12- 1	Sup't	S	ED-148	Graduating Class Report: CGS 10-221a	James P. Wade	566-4723
46	1-31	Sup't	S	ED-150	Teacher Evaluation Triennial Report: CGS 10-151b(b)	Larry Schaefer	556-4124
47	11- 1	Sup't	S	ED-151	Biennial Report--Educ Evaluation & Remedial Assistance: CGS 10-14m	Peter Behuniak	566-4008
48	7- 1	Sup't	S	ED-511	Local Education Goals Report: CGS 10-220 (b)	Elizabeth Schmitt	566-1961

*Only the ED-149 Curriculum Survey is due in School Year 1987-88.

State of Connecticut
Department of Education
Part IC
Listing of Education Forms Required of Some Superintendents--As Needed

Ref #	Date Due State	Local Contact Person	Need	Form Number	Form Name: Justification	State Contact Person	Telephone Number
49	12-30	Sup't	S	ED-001A	Data Adjustment Form: CGS 10-227	Robert Brewer	566-4861
50	AsReq	Sup't	S	ED-004	Priority School District Program: CGS 10-266p-r	Theodore S. Sergi	638-4000
51	AsReq	Sup't	S	ED-005	Dropout Prevention Grant: PA 87-423	Theodore S. Sergi	638-4000
52	7- 1	Sup't	S	ED-008A	Mental Health Facilities Grant: CGS 10-76d(e)(5)	Robert Brewer	566-4861
53	5- 8	Sup't	S	ED-008B	Mental Health Facilities Grant: CGS 10-76d(e)(5)	Robert Brewer	566-4861
54	5- 8	Sup't	S	ED-008C	Mental Health Facilities Grant: CGS 10-76d(e)(5)	Robert Brewer	566-4861
55	AsReq	Sup't	S	ED-025A	Pupil Data Adjustment Form: CGS 10-261(a)	Robert Brewer	566-4861
56	AsReq	Sup't	S	ED-026	Pupil Data Conflict Form: CGS 10-261	Robert Brewer	566-4861
57	AsReq	Sup't	S	ED-027A	Pupil Data Adjustment Form: CGS 10-261(a)	Robert Brewer	566-4861
58	6-30	Sup't	S	ED-040	Application for Proposed School Building Project: CGS 10-283	William D. Guzman	566-7546
59	AsReq	Sup't	S	ED-041	Notice of Applicant's Funding: CGS 10-283a	William D. Guzman	566-7546
60	AsReq	Sup't	S	ED-042	Request for Review of Final Plans: CGS 10-291	Richard Krissinger	566-2688
61	AsReq	Sup't	S	ED-043	Request for Est Int & Prin Bond Payment: CGS 10-287h	William D. Guzman	566-7546
62	AsReq	Sup't	S	ED-044	Request for School Building Grant: CGS 10-287(d)	William D. Guzman	566-7546
63	AsReq	Sup't	S	ED-045	Notice of Bond Issue: CGS 10-287	William D. Guzman	566-7546
64	AsReq	Sup't	S	ED-047	Notice of Short Term Note: CGS 10-289a	William D. Guzman	566-7546
65	AsReq	Sup't	S	ED-048	Notice of Start of Construction: CGS 10-284	William D. Guzman	566-7546
66	8-15	Sup't	S	ED-053	Site Analysis Form: CGS 10-286d	Richard Krissinger	566-2688
67	AsReq	Sup't	S	ED-072	Notice of Intent to Renew Temporary Notes: CGS 10-287f	William D. Guzman	566-7546
68	AsReq	Sup't	S	ED-073	Notice of Temporary Note Issue: CGS 10-287h	William D. Guzman	566-7546
69	AsReq	Sup't	S	ED-075C	School District Asbestos Inspection Report: CGS 10-292b	William D. Guzman	566-7546
70	AsReq	Sup't	S	ED-099	Agreement for Child Nutrition Programs: PL 95-166	Ann R. Tolman	566-3195
71	AsReq	Sup't	S	ED-101	Food Serv Equip--Sev Need Brkfst Prog: CGS 10-266w, CFR 220.9(D)(e)	Ann R. Tolman	566-3195
72	9- 1	Sup't	B	ED-106	State Schl Breakfst Rpt, Costs & Income: CGS 10-266w, 7-CFR 220.9(d)	Ann R. Tolman	566-3195
73	10-15	Sup't	F	ED-107	Sponsor Representation Letter--Child Nutrition Programs: 35-FR-3500	Ann R. Tolman	566-3195

State of Connecticut
Department of Education
Part IC
Listing of Education Forms Required of Some Superintendents--As Needed (Cont.)

Ref #	Date Due State	Local Contact Person	Need	Form Number	Form Name: Justification	State Contact Person	Telephone Number
74	AsReq	Sup't	S	ED-114	Prepayment Grant Budget Request (Drug-Free Schools): PL 99-570	Al Serruto	566-4989
75	AsReq	Sup't	S	ED-172	Official Notification of Appointment: CGS 10-145a	Pat Scully	566-4183
76	6-30	Sup't	S	ED-175	Application to Extend Substitutes Certification: CGS 10-145a	Pat Scully	566-4183
77	AsReq	Sup't	S	ED-177	Application to Issue Emergency Permit: CGS 10-145a	Pat Scully	566-4183
78	9- 1	Sup't	S	ED-178	Application to Renew Temporary Emergency Permit: CGS 10-145a	Pat Scully	566-4183
79	AsReq	Sup't	S	ED-179	Application for Coaching Permit, Waiver, or Temp Permit: CGS 10-149	Pat Scully	566-4183
80	7-15	Sup't	S	ED-181	Chapter 2 Desegregation Grant Application: ECIA: PL 97-35	Richard Lappert	566-3593
81	6- 1	Sup't	B	ED-203A	Chapter 1 Neglected and Delinquent Children Appln (Local): PL 97-35	Diana Whitelaw	566-8283
82	6- 1	Sup't	B	ED-203B	Chapter 1 Neglected and Delinquent Children Appln (State): PL 97-35	Diana Whitelaw	566-8283
83	12-31	Sup't	B	ED-203C	Chapter 1 Neglected and Delinquent Children Surv (Local): PL 97-35	Diana Whitelaw	566-8283
84	12-31	Sup't	B	ED-203D	Chapter 1 Neglected and Delinquent Children Surv (State): PL 97-35	Diana Whitelaw	566-8283
85	6- 1	Sup't	F	ED-204	Chapter 1 Evaluation Rprt--Neglected & Delinqunt Children: PL 97-35	Carlos Martinez	566-8525
86	6- 1	Sup't	B	ED-205	Compensatory Program Project Info Summary: CGS 10-266j, PL 97-35	Carlos Martinez	566-8525
87	6- 1	Sup't	B	ED-206	Application--Migrant Education Grants-Chapter 1 ECIA: PL 97-35	Diana Whitelaw	566-8283
88	6- 1	Sup't	B	ED-207	Migrant Program Certificate of Eligibity: PL 97-35	Diana Whitelaw	566-8283
89	10-30	Sup't	S	ED-210	Drug Free Schools and Communties Act of 1986: PL 99-570	Veronica Skerker	566-6581
90	12- 1	Sup't	F	ED-211	Education for Economic Security (EESA), Title II: PL 98-377, 99-159	Sigmund Abeles	566-4825
91	8- 1E	Sup't	B	ED-216A	Application for Grant Approval (Five or Fewer Children): PL 89-313	David Murphy	566-5454
92	8- 1E	Sup't	B	ED-216B	Application for Grant Approval (Six or more children): PL 89-313	David Murphy	566-5454
93	8- 1E	Sup't	B	ED-216C	Application for Grant Approval (State Oper/Supp Agencs): PL 89-313	David Murphy	566-5454
94	AsReq	Sup't	F	ED-226	Grant Application--Trans Pgm for Refugee Children: PL 94-405	George DeGeorge	566-5670
95	7- 1	Sup't	S	ED-229	Application for Bilingual Education Grants: CGS 10-17f,g	George DeGeorge	566-5670
96	9- 1	Sup't	S	ED-230	LEA Bilingual Education Evaluation: CGS 10-17f,g	Cynthia Prince	566-8525
97	AsReq	Sup't	F	ED-234	Refugee Student Report: PL 94-405	George DeGeorge	566-5670
98	11-30	Sup't	F	ED-235	Transition Program for Refugee Children Evaluation: PL 94-405	George DeGeorge	566-5670

State of Connecticut
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Part IC
Listing of Education Forms Required of Some Superintendents--As Needed (Cont.)

Ref #	Date Due State	Local Contact Person	Need	Form Number	Form Name: Justification	State Contact Person	Telephone Number
99	AsReq	Sup't	F	ED-236	Immigrant Student Survey: PL 98-511	George DeGeorge	566-5670
100	AsReq	Sup't	F	ED-237	Grant Application--Emergency Immigrant Education Funds: PL 98-511	George DeGeorge	566-5670
101	AsReq	Sup't	F	ED-238	Emer Immgrnt Educ Funds Progm--Annual Progress Report: PL 98-511	George DeGeorge	566-5670
102	6-15	Sup't	B	ED-291	Annual Driver Education Report: CGS 10-24	Jane Alonso Tedder	638-4035
103	6-15	Sup't	S	ED-292	Approval of School Driver Education Program: CGS 10-24	Jane Alonso Tedder	638-4035
104	AsReq	Sup't	S	ED-322	Grant Application for Regional Special Educatn Facility: CGS 10-76e	Alan J. White	566-3695
105	9-30	Sup't	F	ED-440	Grant Application, Carl Perkins Voc Ed Act: PL 98-524	Errol J. Terrell	638-4021
106	9- 1	Sup't	S	ED-470	Vocational Equipment Grant Application: CGS 10-265a-d	Errol J. Terrell	638-4021
107	12- 3	Sup't+	S	ED-471	OIC Equipment Grant Application: CGS 10-265c, PA 87-405	Charles Bertagna	638-4061

State of Connecticut
Department of Education
Part ID
Listing of Education Forms Required of Other Respondents

Ref #	Date Due State	Local Contact Person	Need	Form Number	Form Name: Justification	State Contact Person	Telephone Number
108	9- 1	Dirctr	S	ED-001R	End of Year School Report--Reg Education Service Ctrs: CGS 10-227	Robert Brewer	566-4861
109	AsReq	Bldginsp	S	ED-075A	Area Asbestos Inspection Report: CGS 10-292b	William D. Guzman	566-7546
110	AsReq	Bldginsp	S	ED-075B	School Facility Asbestos Inspection Report: CGS 10-292b	William D. Guzman	566-7546
111	10-15	Sponsr	F	ED-081	Nonpricing Program Policy Statement: 7-CFR 245.3(a)(x)	Ann R. Tolman	566-3195
112	7- 1	Sponsr	F	ED-084	Application--Child Care Food Program: 7-CFR 226.6(b)	Ann R. Tolman	566-3195
113	9-15M	Sponsr	F	ED-086	Reimbursement Claim--Child Care Food Program: 7-CFR 226.11(b)	Ann R. Tolman	566-3195
114	10- 1	Sponsr	F	ED-087	Application--Child Care Food Pgm--Day Care Homes: 7-CFR 226.6(b)	Ann R. Tolman	566-3195
115	9-15M	Sponsr	F	ED-088	Reimbursement Claim-for Day Centers: 7-CFR 226.12(b), 226.13(g)	Ann R. Tolman	566-3195
116	5-15	Sponsr	F	ED-090	Application--Summer Food Service Program: 7-CFR 225.8	Ann R. Tolman	566-3195
117	5-15	Sponsr	F	ED-091	Site Sheet--Summer Food Service Program: 7-CFR 225.8(l)	Ann R. Tolman	566-3195
118	9-10M	Sponsr	F	ED-092	Reimbursement Claim--Summer Food Service Program: 7-CFR 225.11(c)	Ann R. Tolman	566-3195
119	AsReq	FdSMC	F	ED-093	Application for Vendor Registration: 7-CFR 225.16(c)(l)	Ann R. Tolman	566-3195
120	4-15	Sponsr	F	ED-094	Compliance Agreement--Summer Food Service Program: 7-CFR 225.19(a)	Ann R. Tolman	566-3195
121	AsReq	Sponsr	S	ED-095	Estimated Meal Counts--School Breakfast: CGS 10-266w	Ann R. Tolman	566-3195
122	AsReq	Sponsr	F	ED-096	Certfication Letter--Summer Food Serv Prg--Sites Visited: 7-CFR 225	Ann R. Tolman	566-3195
123	AsReq	Sponsr	F	ED-098	Civil Rights Survey--Preaward Comp Rev: 7-CFR 225.9(h), 226.6(e)	Ann R. Tolman	566-3195
124	1-15S	Sponsr	F	ED-102	Semi-Annual Revenue & Cost Expend Rpt: 7-CFR 220.15, 220.13(i)	Ann R. Tolman	566-3195
125	AsReq	Sponsr	F	ED-109	Application for Start-up Payments--Child Care Program: PL 95-627	Ann R. Tolman	566-3195
126	12- 1	Dirctr	S	ED-158NP	Nonpublic High School Graduate Follow-up: CGS 10-224, -188	Judith Thompson	566-7369
127	10-25	Prncpl	S	ED-159	Nonpublic School Report: CGS 10-188	Thomas F. Breen	566-1685
128	5-15	Prncpl	S	ED-159A	Nonpublic School Report: CGS 10-188, -217a, -281	Robert Brewer	566-4861
129	AsReq	Teachr	S	ED-170	Application for Certification (long form): CGS 10-145a	Pat Scully	566-4183
130	AsReq	Studnt	S	ED-171	Application for Certification (short form): CGS 10-145a	Pat Scully	566-4183
131	7-15	Dirctr	S	ED-182	Chapter 2 RESC Grant Application: ECIA: PL 97-35	Holden Waterman	566-2245
132	2- 1	Dirctr	F	ED-208	Migrant Education Registration & Enrollment: PL 97-35	Carol Gilchrist	566-3426

State of Connecticut
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Part ID
Listing of Education Forms Required of Other Respondents (Cont.)

Ref #	Date Due State	Local Contact Person	Need	Form Number	Form Name: Justification	State Contact Person	Telephone Number
133	9- 1	Dirctr	F	ED-209	Migrant Program Evaluation Report: PL 89-10, 89-7506, 95-561	Carlos Martinez	556-8525
134	AsReq	Admins	S	ED-301	Statement of Age (Working Paper): CGS 31-23	Natalie Rapoport	638-4162
135	AsReq	Dirctr	S	ED-310	Application: Approval of Occupational Schools: CGS 10-7a-1	Priscilla Boivin	638-4159
136	AsReq	Dirctr	F	ED-315	Appln for Aprvl to Train Vets/Elig Dpndts: Deg Grntg Schl: PL 89-358	Joseph Cabanas	638-4158
137	AsReq	Dirctr	F	ED-316	Appln for Aprvl to Train Vets/Elig Dpndts: Non-Deg Grantg: PL 89-358	Joseph Cabanas	638-4158
138	AsReq	BdEduc	S	ED-501	Preliminary Application for Aprvl, Regnl Vo-Ag Facility: CGS 10-284	Roger W. Lawrence	638-4054
139	10-10	Teachr	S	ED-503	Vo-Ag Center Fall Report: CGS 10-66	Roger W. Lawrence	638-4054

PART II

OTHER AGENCY FORMS

State of Connecticut
Department of Education
Part II
Listing of Other Agency Forms

Date Due State	Local Contact Person	Form Type	Need	Form Number	Form Name: Justification	State Contact Person	Telephone Number
9-15	Sup't	D	S	TRB03	ANNUAL SCHOOL STAFF REPORT (Preprinted): CGS 10-183n	Stella Kulagowski	566-2875
9-15	Sup't	D	S	TRB03A	ANNUAL SCHOOL STAFF REPORT ATTACHMENT: CGS 10-183n	Stella Kulagowski	566-2875
9-15	Sup't	D	S	TRB03L	LEAVE OF ABSENCE REPORT: CGS 10-183n	Stella Kulagowski	566-2875
9-30M	BdEduc	D	S	TRB04	Teacher's Application for Retirement: CGS 10-183n	Gail Barton	566-5285
6-30	BdEduc	D	S	TRB08	Annual Report of Retirement Deductions: CGS 10-183n	Betty Bazin	566-2875
9-30M	BdEduc	D	S	TRB08A	Town Report of Monthly Deposit & Member Terminations: CGS 10-183n	Maria Todd	566-3889
9-30M	BdEduc	D	S	TRB08C	Town Report of Monthly Leave Payments: CGS 10-183n	Maria Todd	566-3889
9-30M	BdEduc	D	S	TRB08E	Town Report of Monthly Installment Payments: CGS 10-183n	Dorothy Holmes	566-5520
6-30M	BdEduc	D	S	TRB08S	Town Report of Annual Substitute Service: CGS 10-183v	Dorothy Holmes	566-5520
9-30M	BdEduc	D	S	TRB10	Report of Changes During the School Year: CGS 10-183n	Stella Kulagowski	566-2875
9-30M	BdEduc	D	S	TRB10A	Report of Substitute Service by Retired Teachers: CGS 10-183n	Gail Barton	566-5285
9-30M	BdEduc	D	S	TRB10L	Report of Teacher's Absences & Leaves: CGS 10-183n	Stella Kulagowski	566-2875
AsReq	BdEduc	D	S	TRB14	Disability Application From Town for Member's Retirt: CGS 10-183n	Gail Barton	566-5285
9-10M	BdEduc	D	S	TRB19A	Transfer Form: CGS 10-183n	Stella Kulagowski	566-2875
9-10M	BdEduc	D	S	TRB19B	Name/Address Changes: CGS 10-183n	Stella Kulagowski	566-2875
9-15	BdEduc	D	S	TRB20	Requisition Form: CGS 10-183n	Suzanne Bock	566-3889
9-15	BdEduc	D	S	TRB21	Town Officers: CGS 10-183n	Stella Kulagowski	566-2875
AsReq	BdEduc	D	S	TRB25	Physician's Confidential Report: CGS 10-183n	Gail Barton	566-5285
AsReq	BdEduc	D	S	TRB25C	Physician's Report of Illness: CGS 10-183n	Maria Todd	566-3889
AsReq	BdEduc	D	S	TRB27	Application for Withdrawal of Member's Deposits: CGS 10-183n	Suzanne Bock	566-3889
AsReq	BdEduc	D	S	TRB27V	Application for Withdrawal of Voluntary Deposits: CGS 10-183n	David Seltzer	566-2875
AsReq	BdEduc	D	S	TRB31A	Reinstatement Application: CGS 10-183n	Stella Kulagowski	566-2875
9-30M	BdEduc	D	S	TRB33C	Statement of Payment Plan--Period Certain: CGS 10-183j	Gail Barton	566-5285
9-30M	BdEduc	D	S	TRB33D	Statement of Payment Plan--Co-Participant: CGS 10-183j	Gail Barton	566-5285
9-30M	BdEduc	D	S	TRB33N	Statement of Payment Plan--Normal: CGS 10-183j	Gail Barton	566-5285
AsReq	BdEduc	D	S	TRB34T	Trustee Designation: CGS 10-183n	Stella Kulagowski	566-2875

State of Connecticut
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Part II
Listing of Other Agency Forms (Cont.)

Date Due State	Local Contact Person	Form Type	Need	Form Number	Form Name: Justification	State Contact Person	Telephone Number
AsReq	BdEduc	D	S	TRB53	Authorization of Formal Leave of Absence: CGS 10-183n	Stella Kulagowski	566-2875
AsReq	BdEduc	D	S	TRB81	Authorization of Voluntary Deductions: CGS 10-183i	Suzanne Bock	566-3889
11- 8	Coordr	D	S	IMM4	School Immunization Survey Summary: CGS 10-204a	R. Barry Trostel	566-4141
1-30	Sup't	D	F	OE-4019	Application--School Assistance in Fedrlly Affected Areas: PL 81-874	Mark R. Stange	566-3430
AsReq	Sup't	D	F	OE-423	Application for Disaster Assistance: PL 81-874	William D. Guzman	566-7546

PART III

NUMERICAL INDEX OF FORMS

State of Connecticut
Department of Education
Part III
Numerical Index of Forms

Date Due State	Local Contact Person	Form Type	Need	Form Number	Form Name: Justification	State Contact Person	Telephone Number
9- 1	Sup't	A	S	ED-001	END OF YEAR SCHOOL REPORT: CGS 10-227	Robert Brewer	566-4861
12-30	Sup't	B	S	ED-001A	Data Adjustment Form: CGS 10-227	Robert Brewer	566-4861
9- 1	Dirctr	C	S	ED-001R	End of Year School Report--Reg Education Service Ctrs: CGS 10-227	Robert Brewer	566-4861
8-15	Sup't	A	S	ED-002	CERTIFICATE OF COMPLIANCE WITH LAW: CGS 10-260,-220	Mark Stapleton	566-3825
7- 1	Sup't	A	S	ED-003	TEACHER/ADMINISTRATOR NEGOTIATIONS: CGS 10-153a	Leslie Williamson	566-2135
AsReq	Sup't	B	S	ED-004	Priority School District Program: CGS 10-266p-r	Theodore S. Sergi	638-4000
AsReq	Sup't	B	S	ED-005	Dropout Prevention Grant: PA 87-423	Theodore S. Sergi	638-4000
7- 1	Sup't	B	S	ED-008A	Mental Health Facilities Grant: CGS 10-76d(e)(5)	Robert Brewer	566-4861
5- 8	Sup't	B	S	ED-008B	Mental Health Facilities Grant: CGS 10-76d(e)(5)	Robert Brewer	566-4861
5- 8	Sup't	B	S	ED-008C	Mental Health Facilities Grant: CGS 10-76d(e)(5)	Robert Brewer	566-4861
AsReq	Sup't	A	S	ED-014	MINIMUM EXPENDITURE REQUIREMNT PRELIM COMPLIANCE CHECK: CGS 10-262e	Martin Hollis	566-3431
11-15	Sup't	A	S	ED-017	GRANT APPLICATION--NONPUBLIC HEALTH & WELFARE SERVICES: CGS 10-217a	Robert Brewer	566-4861
10-15T	Sup't	A	S	ED-025	PUPIL DATA REPORT: CGS 10-261(a)	Robert Brewer	566-4861
AsReq	Sup't	B	S	ED-025A	Pupil Data Adjustment Form: CGS 10-261(a)	Robert Brewer	566-4861
AsReq	Sup't	B	S	ED-026	Pupil Data Conflict Form: CGS 10-261	Robert Brewer	566-4861
10-15T	Sup't	A	S	ED-027	REGIONAL SCHOOLS PUPIL DATA REPORT (ED-025R): CGS 10-261,-53	Robert Brewer	566-4861
AsReq	Sup't	B	S	ED-027A	Pupil Data Adjustment Form: CGS 10-261(a)	Robert Brewer	566-4861
11-30	Sup't	A	S	ED-030	TEACHER SALARY GRANT APPLICATION: CGS 10-257a-g	Robert Brewer	566-4861
6-30	Sup't	B	S	ED-040	Application for Proposed School Building Project: CGS 10-283	William D. Guzman	566-7546
AsReq	Sup't	B	S	ED-041	Notice of Applicant's Funding: CGS 10-283a	William D. Guzman	566-7546
AsReq	Sup't	B	S	ED-042	Request for Review of Final Plans: CGS 10-291	Richard Krissinger	566-2688
AsReq	Sup't	B	S	ED-043	Request for Est Int & Prin Bond Payment: CGS 10-287h	William D. Guzman	566-7546
AsReq	Sup't	B	S	ED-044	Request for School Building Grant: CGS 10-287(d)	William D. Guzman	566-7546
AsReq	Sup't	B	S	ED-045	Notice of Bond Issue: CGS 10-287	William D. Guzman	566-7546
AsReq	Sup't	B	S	ED-047	Notice of Short Term Note: CGS 10-289a	William D. Guzman	566-7546

Designations--Form Type: A-All Superintendents (CAPS); B-Some Superintendents; C-Others; D-Other Agency Forms; E-Not annual
Need: S-State; F-Federal; B-Both

State of Connecticut
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Date Due State	Local Contact Person	Form Type	Need	Form Number	Form Name: Justification	State Contact Person	Telephone Number
AsReq	Sup't	B	S	ED-048	Notice of Start of Construction: CGS 10-284	William D. Guzman	566-7546
8-15	Sup't	B	S	ED-053	Site Analysis Form: CGS 10-286d	Richard Krissinger	566-2688
AsReq	Sup't	B	S	ED-072	Notice of Intent to Renew Temporary Notes: CGS 10-287f	William D. Guzman	566-7546
AsReq	Sup't	B	S	ED-073	Notice of Temporary Note Issue: CGS 10-287h	William D. Guzman	566-7546
AsReq	BldgInsp	C	S	ED-075A	Area Asbestos Inspection Report: CGS 10-292b	William D. Guzman	566-7546
AsReq	BldgInsp	C	S	ED-075B	School Facility Asbestos Inspection Report: CGS 10-292b	William D. Guzman	566-7546
AsReq	Sup't	B	S	ED-075C	School District Asbestos Inspection Report: CGS 10-292b	William D. Guzman	566-7546
AsReq	Sup't	A	S	ED-076	ANNUAL ASBESTOS MANAGEMENT PLAN UPDATE: CGS 10-292b	William D. Guzman	566-7546
10- 1	Sup't	A	F	ED-080	POLICY STATMT--FREE & REDUCED MEALS & FREE MLK: 7-CFR 210, 215, 245	Ann R. Tolman	566-3195
10-15	Sponsr	C	F	ED-081	Nonpricing Program Policy Statement: 7-CFR 245.3(a)(x)	Ann R. Tolman	566-3195
6- 1	Sup't	A	F	ED-083	PAID MILK ONLY PROVISION: 7-CFR 214.13(a)(c)	Ann R. Tolman	566-3195
7- 1	Sponsr	C	F	ED-084	Application--Child Care Food Program: 7-CFR 226.6(b)	Ann R. Tolman	566-3195
9-15M	Sponsr	C	F	ED-086	Reimbursement Claim--Child Care Food Program: 7-CFR 226.11(b)	Ann R. Tolman	566-3195
10- 1	Sponsr	C	F	ED-087	Application--Child Care Food Pgm--Day Care Homes: 7-CFR 226.6(b)	Ann R. Tolman	566-3195
9-15M	Sponsr	C	F	ED-088	Reimbursement Claim-for Day Centers: 7-CFR 226.12(b), 226.13(g)	Ann R. Tolman	566-3195
5-15	Sponsr	C	F	ED-090	Application--Summer Food Service Program: 7-CFR 225.8	Ann R. Tolman	566-3195
5-15	Sponsr	C	F	ED-091	Site Sheet--Summer Food Service Program: 7-CFR 225.8(l)	Ann R. Tolman	566-3195
9-10M	Sponsr	C	F	ED-092	Reimbursement Claim--Summer Food Service Program: 7-CFR 225.11(c)	Ann R. Tolman	566-3195
AsReq	FdSMC	C	F	ED-093	Application for Vendor Registration: 7-CFR 225.16(c)(l)	Ann R. Tolman	566-3195
4-15	Sponsr	C	F	ED-094	Compliance Agreement--Summer Food Service Program: 7-CFR 225.19(a)	Ann R. Tolman	566-3195
AsReq	Sponsr	C	S	ED-095	Estimated Meal Counts--School Breakfast: CGS 10-266w	Ann R. Tolman	566-3195
AsReq	Sponsr	C	F	ED-096	Certfication Letter--Summer Food Serv Prg--Sites Visited: 7-CFR 225	Ann R. Tolman	566-3195
AsReq	Sponsr	C	F	ED-098	Civil Rights Survey--Preaward Comp Rev: 7-CFR 225.9(h), 226.6(e)	Ann R. Tolman	566-3195
AsReq	Sup't	B	S	ED-099	Agreement for Child Nutrition Programs: PL 95-166	Ann R. Tolman	566-3195
AsReq	Sup't	B	S	ED-101	Food Serv Equip--Sev Need Brkfst Prog: CGS 10-266w, CFR 220.9(D)(e)	Ann R. Tolman	566-3195

Designations--Form Type: A-All Superintendents (CAPS); B-Some Superintendents; C-Others; D-Other Agency Forms; E-Not annual
Need: S-State; F-Federal; B-Both

State of Connecticut
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Part III
Numerical Index of Forms

Date Due State	Local Contact Person	Form Type	Need	Form Number	Form Name: Justification	State Contact Person	Telephone Number
1-15S	Sponsr	C	F	ED-102	Semi-Annual Revenue & Cost Expend Rpt: 7-CFR 220.15, 220.13(i)	Ann R. Tolman	566-3195
9-15M	Sup't	A	F	ED-103	REIMB CLAIM--NAT SCH LUNCH, BRKFST & SPEC MILK PROGS: 35-FR-3500	Ann R. Tolman	566-3195
6-15	Sup't	A	S	ED-105	LUNCH COUNT RPRT--CHILD NUTRIT PROG: CGS 10-266w, 7-CFR 220.9(e)(3)	Ann R. Tolman	566-3195
9- 1	Sup't	B	B	ED-106	State Schl Breakfst Rpt, Costs & Income: CGS 10-266w, 7-CFR 220.9(d)	Ann R. Tolman	566-3195
10-15	Sup't	B	F	ED-107	Sponsor Representation Letter--Child Nutrition Programs: 35-FR-3500	Ann R. Tolman	566-3195
AsReq	Sponsr	C	F	ED-109	Application for Start-up Payments--Child Care Program: PL 95-627	Ann R. Tolman	566-3195
AsReq	Sup't	A	F	ED-110	CASH FLOW PROJECTION STATEMENT: 34-CFR 74.61(e)	Annette McCall	566-5959
9- 5M	Sup't	A	F	ED-111	STATUS OF CASH REPORT--FEDERAL PREPAYMENT PROGRAM: R-34,-74,-74c,d	Annette McCall	566-5959
AsReq	Sup't	B	S	ED-114	Prepayment Grant Budget Request (Drug-Free Schools): PL 99-570	Al Serruto	566-4989
AsReq	Sup't	A	B	ED-141	STATEMENT OF EXPENDITURE FED & STATE PREPAYT PROJS: R-34,-73,-74	Al Serruto	566-4989
AsReq	Sup't	A	F	ED-142	STATEMENT OF EXPEND CARRYOVER--FED PREPAYT PROJ: R-34,-73,-74	Al Serruto	566-4989
AsReq	Sup't	A	F	ED-143	LIQUIDATION OF OBLIGATIONS--FED PREPAYMENT PROJECTS: R-34,-73,-74	Al Serruto	566-4989
8-15	Sup't	A	S	ED-147	SCHOOL DISTRICT CALENDAR SURVEY: CGS 10-15,-16,-16b,-220	Robert I. Margolin	566-8113
12- 1	Sup't	E	S	ED-148	Graduating Class Report: CGS 10-221a	James P. Wade	566-4723
2- 1	Sup't	E	S	ED-149	Curriculum Survey: CGS 10-16b	Larry Schaefer	566-4124
1-31	Sup't	E	S	ED-150	Teacher Evaluation Triennial Report: CGS 10-151b(b)	Larry Schaefer	556-4124
11- 1	Sup't	E	S	ED-151	Biennial Report--Educ Evaluation & Remedial Assistance: CGS 10-14m	Peter Behuniak	566-4008
10-15	Sup't	A	S	ED-152	RACIAL SURVEY: CGS 10-226a	David S. Cleaver	566-5469
10-25	Sup't	A	S	ED-153	EERA STUDENT PARTICIPATION REPORT: CGS 10-14m	Peter Behuniak	566-4008
6-15	Sup't	A	S	ED-155	ENUMERATION REPORT: CGS 10-249 to -251	David S. Cleaver	566-5469
9-15	Sup't	A	S	ED-156	TEACHER SHORTAGE SURVEY: CGS 10a-163	Peter Prowda	566-7117
12- 1	Sup't	A	S	ED-158P	PUBLIC HIGH SCHOOL GRADUATE FOLLOW-UP: CGS 10-224, -188	Judith Thompson	566-7369
12- 1	Dirctr	C	S	ED-158NP	Nonpublic High School Graduate Follow-up: CGS 10-224, -188	Judith Thompson	566-7369
10-25	Prncpl	C	S	ED-159	Nonpublic School Report: CGS 10-188	Thomas F. Breen	566-1685
5-15	Prncpl	C	S	ED-159A	Nonpublic School Report: CGS 10-188, -217a, -281	Robert Brewer	566-4861

Designations--Form Type: A-All Superintendents (CAPS); B-Some Superintendents; C-Others; D-Other Agency Forms; E-Not annual
Need: S-State; F-Federal; B-Both

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Date Due State	Local Contact Person	Form Type	Need	Form Number	Form Name: Justification	State Contact Person	Telephone Number
9- 1	Sup't	A	F	ED-160	ECIA CHAPTER 2 EVALUATION: PL 97-35	Carlos Martinez	556-8525
5-15	Sup't	A	F	ED-169	PROFESSIONAL DEVLOPMENT GRANT: PL 87-2, Sec. 9	Harold M. Portner	566-4565
AsReq	Teachr	C	S	ED-170	Application for Certification (long form): CGS 10-145a	Pat Scully	566-4183
AsReq	Studnt	C	S	ED-171	Application for Certification (short form): CGS 10-145a	Pat Scully	566-4183
AsReq	Sup't	B	S	ED-172	Official Notification of Appointment: CGS 10-145a	Pat Scully	566-4183
6-30	Sup't	A	S	ED-173	APPLICATION TO CERTIFY SUBSTITUTES: CGS 10-145a	Pat Scully	566-4183
6-30	Sup't	A	S	ED-174	APPLICATION TO CERTIFY SUBSTITUTES, SPECIAL REQUESTS: CGS 10-145a	Pat Scully	566-4183
6-30	Sup't	B	S	ED-175	Application to Extend Substitutes Certification: CGS 10-145a	Pat Scully	566-4183
AsReq	Sup't	B	S	ED-177	Application to Issue Emergency Permit: CGS 10-145a	Pat Scully	566-4183
9- 1	Sup't	B	S	ED-178	Application to Renew Temporary Emergency Permit: CGS 10-145a	Pat Scully	566-4183
AsReq	Sup't	B	S	ED-179	Application for Coaching Permit, Waiver, or Temp Permit: CGS 10-149	Pat Scully	566-4183
7-15	Sup't	A	S	ED-180	REPORT OF THREATS AND ASSUALTS IN SCHOOLS: CGS 10-233g	Robert I. Margolin	566-8113
7-15	Sup't	B	S	ED-181	Chapter 2 Desegregation Grant Application: ECIA: PL 97-35	Richard Lappert	566-3593
7-15	Dirctr	C	S	ED-182	Chapter 2 RESC Grant Application: ECIA: PL 97-35	Holden Waterman	566-2245
6-30	Sup't	A	B	ED-203	LOCAL SCHOOL DIST APPLN FOR COMP ED GRANTS: CGS 10-14m-r, PL 97-35	Diana Whitelaw	566-8283
6- 1	Sup't	B	B	ED-203A	Chapter 1 Neglected and Delinquent Children Appln (Local): PL 97-35	Diana Whitelaw	566-8283
6- 1	Sup't	B	B	ED-203B	Chapter 1 Neglected and Delinquent Children Appln (State): PL 97-35	Diana Whitelaw	566-8283
12-31	Sup't	B	B	ED-203C	Chapter 1 Neglected and Delinquent Children Surv (Local): PL 97-35	Diana Whitelaw	566-8283
12-31	Sup't	B	B	ED-203D	Chapter 1 Neglected and Delinquent Children Surv (State): PL 97-35	Diana Whitelaw	566-8283
6- 1	Sup't	B	F	ED-204	Chapter 1 Evaluation Rprt--Neglected & Delinqunt Children: PL 97-35	Carlos Martinez	566-8525
6- 1	Sup't	B	B	ED-205	Compensatory Program Project Info Summary: CGS 10-266j, PL 97-35	Carlos Martinez	566-8525
6- 1	Sup't	B	B	ED-206	Application--Migrant Education Grants-Chapter 1 ECIA: PL 97-35	Diana Whitelaw	566-8283
6- 1	Sup't	B	B	ED-207	Migrant Program Certificate of Eligiblty: PL 97-35	Diana Whitelaw	566-8283
2- 1	Dirctr	C	F	ED-208	Migrant Education Registration & Enrollment: PL 97-35	Carol Gilchrist	566-3426
9- 1	Dirctr	C	F	ED-209	Migrant Program Evaluation Report: PL 89-10, 89-7506, 95-561	Carlos Martinez	556-8525

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Date Due State	Local Contact Person	Form Type	Need	Form Number	Form Name: Justification	State Contact Person	Telephone Number
10-30	Sup't	B	S	ED-210	Drug Free Schools and Communties Act of 1986: PL 99-570	Veronica Skerker	566-6581
12- 1	Sup't	B	F	ED-211	Education for Economic Security (EESA), Title II: PL 98-377, 99-159	Sigmund Abeles	566-4825
8- 1E	Sup't	A	B	ED-215	EDUCATION OF THE HANDICAPPED-Part B: PL 94-142	David Murphy	566-5454
8- 1E	Sup't	B	B	ED-216A	Application for Grant Approval (Five or Fewer Children): PL 89-313	David Murphy	566-5454
8- 1E	Sup't	B	B	ED-216B	Application for Grant Approval (Six or more children): PL 89-313	David Murphy	566-5454
8- 1E	Sup't	B	B	ED-216C	Application for Grant Approval (State Oper/Supp Agencs): PL 89-313	David Murphy	566-5454
7-15	Sup't	A	F	ED-222	GRANT APPLICATION: ECIA CHAPTER 2: PL 97-35	Richard Lappert	566-3593
AsReq	Sup't	B	F	ED-226	Grant Application--Trans Pgm for Refugee Children: PL 94-405	George DeGeorge	566-5670
11-15	Sup't	A	S	ED-228	ASSESSMNT OF DOMINNT LANGUAGE & LIMTD ENG PROFICIENCY: CGS 10-17f	George DeGeorge	566-5670
7- 1	Sup't	B	S	ED-229	Application for Bilingual Education Grants: CGS 10-17f,g	George DeGeorge	566-5670
9- 1	Sup't	B	S	ED-230	LEA Bilingual Education Evaluation: CGS 10-17f,g	Cynthia Prince	566-8525
AsReq	Sup't	B	F	ED-234	Refugee Student Report: PL 94-405	George DeGeorge	566-5670
11-30	Sup't	B	F	ED-235	Transition Program for Refugee Children Evaluation: PL 94-405	George DeGeorge	566-5670
AsReq	Sup't	B	F	ED-236	Immigrant Student Survey: PL 98-511	George DeGeorge	566-5670
AsReq	Sup't	B	F	ED-237	Grant Application--Emergency Immigrant Education Funds: PL 98-511	George DeGeorge	566-5670
AsReq	Sup't	B	F	ED-238	Emer Immgrnt Educ Funds Progm--Annual Progress Report: PL 98-511	George DeGeorge	566-5670
9- 1	Sup't	A	B	ED-241	ADULT EDUCATION SUMMARY REPORT: CGS 10-67,-73b, PL 95-561	Roberta Pawloski	638-4160
2-15	Sup't	A	B	ED-244	GRANT APPLICATION--ADULT EDUCATION: CGS 10-67,-73b, PL 95-561	Roberta Pawloski	638-4160
4-15	Sup't	A	B	ED-245	GRANT APPLICATION REVISION FOR ADULT EDUCATION: CGS 10-69, PL 95-561	Roberta Pawloski	638-4160
6-15	Sup't	B	B	ED-291	Annual Driver Education Report: CGS 10-24	Jane Alonso Tedder	638-4035
6-15	Sup't	B	S	ED-292	Approval of School Driver Education Program: CGS 10-24	Jane Alonso Tedder	638-4035
AsReq	Admins	C	S	ED-301	Statement of Age (Working Paper): CGS 31-23	Natalie Rapoport	638-4162
AsReq	Dirctr	C	S	ED-310	Application: Approval of Occupational Schools: CGS 10-7a-l	Priscilla Boivin	638-4159
AsReq	Dirctr	C	F	ED-315	Appln for Aprvl to Train Vets/Elig Dpndts: Deg Grntg Schl: PL 89-358	Joseph Cabanas	638-4158
AsReq	Dirctr	C	F	ED-316	Appln for Aprvl to Train Vets/Elig Dpndts: Non-Deg Grantg: PL 89-358	Joseph Cabanas	638-4158

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Date Due State	Local Contact Person	Form Type	Need	Form Number	Form Name: Justification	State Contact Person	Telephone Number
AsReq	Sup't	B	S	ED-322	Grant Application for Regional Special Educatn Facility: CGS 10-76e	Alan J. White	566-3695
12- 1	Sup't	A	B	ED-331	SPECIAL EDUCATION CENSUS: PL 89-313, 94-142, CGS 10-76a-s	David S. Cleaver	566-5469
10- 1	Sup't	A	B	ED-332	FUNDING ELIGIBILITY: PL 89-313, CGS 10-4, -76, -253	David S. Cleaver	566-5469
5-22	*	A	B	ED-400A	VOC EDUC SECONDARY ENROLLMENT & COMPLETION RPT: PL 98-524	William Choquette	566-7369
5-22	*	A	B	ED-400B	VOC EDUC POST-SECONDARY ENROLLMENT & COMPLETION RPT: PL 98-524	William Choquette	566-7369
5-22	*	A	B	ED-400C	DISADV & LMTED ENGL PROF STUDENTS IN VOCATIONAL PROGRAMS: PL 98-524	William Choquette	566-7369
10- 1	Sup't	A	S	ED-401	VOCATIONAL EDUCATION STUDENT ADMISSION REPORT: CGS 10-95, -97	William Choquette	566-7369
3-15	*	A	B	ED-404	COMPLETER FOLLOW-UP REPORT FOR VOC ED PGM: CGS 10-95,-97, PL 95-524	William Choquette	566-7369
9-30	Sup't	B	F	ED-440	Grant Application, Carl Perkins Voc Ed Act: PL 98-524	Errol J. Terrell	638-4021
9- 1	Sup't	B	S	ED-470	Vocational Equipment Grant Application: CGS 10-265a-d	Errol J. Terrell	638-4021
12- 3	Sup't+	B	S	ED-471	OIC Equipment Grant Application: CGS 10-265c, PA 87-405	Charles Bertagna	638-4061
AsReq	BdEduc	C	S	ED-501	Preliminary Application for Aprvl, Regnl Vo-Ag Facility: CGS 10-284	Roger W. Lawrence	638-4054
10-10	Teachr	C	S	ED-503	Vo-Ag Center Fall Report: CGS 10-66	Roger W. Lawrence	638-4054
7- 1	Sup't	E	S	ED-511	Local Education Goals Report: CGS 10-220 (b)	Elizabeth Schmitt	566-1961
9-15	Sup't	D	S	TRB03	ANNUAL SCHOOL STAFF REPORT (Preprinted): CGS 10-183n	Stella Kulagowski	566-2875
9-15	Sup't	D	S	TRB03A	ANNUAL SCHOOL STAFF REPORT ATTACHMENT: CGS 10-183n	Stella Kulagowski	566-2875
9-15	Sup't	D	S	TRB03L	LEAVE OF ABSENCE REPORT: CGS 10-183n	Stella Kulagowski	566-2875
9-30M	BdEduc	D	S	TRB04	Teacher's Application for Retirement: CGS 10-183n	Gail Barton	566-5285
6-30	BdEduc	D	S	TRB08	Annual Report of Retirement Deductions: CGS 10-183n	Betty Bazin	566-2875
9-30M	BdEduc	D	S	TRB08A	Town Report of Monthly Deposit & Member Terminations: CGS 10-183n	Maria Todd	566-3889
9-30M	BdEduc	D	S	TRB08C	Town Report of Monthly Leave Payments: CGS 10-183n	Maria Todd	566-3889
9-30M	BdEduc	D	S	TRB08E	Town Report of Monthly Installment Payments: CGS 10-183n	Dorothy Holmes	566-5520
6-30M	BdEduc	D	S	TRB08S	Town Report of Annual Substitute Service: CGS 10-183v	Dorothy Holmes	566-5520
9-30M	BdEduc	D	S	TRB10	Report of Changes During the School Year: CGS 10-183n	Stella Kulagowski	566-2875
9-30M	BdEduc	D	S	TRB10A	Report of Substitute Service by Retired Teachers: CGS 10-183n	Gail Barton	566-5285

*Sup't., V.T. Dir., Comm. Col. Pres., Tech. Col. Pres., and Other Agencies.
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Date Due State	Local Contact Person	Form Type	Need	Form Number	Form Name: Justification	State Contact Person	Telephone Number
9-30M	BdEduc	D	S	TRB10L	Report of Teacher's Absences & Leaves: CGS 10-183n	Stella Kulagowski	566-2875
AsReq	BdEduc	D	S	TRB14	Disability Application From Town for Member's Retirt: CGS 10-183n	Gail Barton	566-5285
9-10M	BdEduc	D	S	TRB19A	Transfer Form: CGS 10-183n	Stella Kulagowski	566-2875
9-10M	BdEduc	D	S	TRB19B	Name/Address Changes: CGS 10-183n	Stella Kulagowski	566-2875
9-15	BdEduc	D	S	TRB20	Requisition Form: CGS 10-183n	Suzanne Bock	566-3889
9-15	BdEduc	D	S	TRB21	Town Officers: CGS 10-183n	Stella Kulagowski	566-2875
AsReq	BdEduc	D	S	TRB25	Physician's Confidential Report: CGS 10-183n	Gail Barton	566-5285
AsReq	BdEduc	D	S	TRB25C	Physician's Report of Illness: CGS 10-183n	Maria Todd	566-3889
AsReq	BdEduc	D	S	TRB27	Application for Withdrawal of Member's Deposits: CGS 10-183n	Suzanne Bock	566-3889
AsReq	BdEduc	D	S	TRB27V	Application for Withdrawal of Voluntary Deposits: CGS 10-183n	David Seltzer	566-2875
AsReq	BdEduc	D	S	TRB31A	Reinstatement Application: CGS 10-183n	Stella Kulagowski	566-2875
9-30M	BdEduc	D	S	TRB33C	Statement of Payment Plan--Period Certain: CGS 10-183j	Gail Barton	566-5285
9-30M	BdEduc	D	S	TRB33D	Statement of Payment Plan--Co-Participant: CGS 10-183j	Gail Barton	566-5285
9-30M	BdEduc	D	S	TRB33N	Statement of Payment Plan--Normal: CGS 10-183j	Gail Barton	566-5285
AsReq	BdEduc	D	S	TRB34T	Trustee Designation: CGS 10-183n	Stella Kulagowski	566-2875
AsReq	BdEduc	D	S	TRB53	Authorization of Formal Leave of Absence: CGS 10-183n	Stella Kulagowski	566-2875
AsReq	BdEduc	D	S	TRB81	Authorization of Voluntary Deductions: CGS 10-183i	Suzanne Bock	566-3889
11- 8	Coordr	D	S	IMM4	School Immunization Survey Summary: CGS 10-204a	R. Barry Trostel	566-4141
1-30	Sup't	D	F	OE-4019	Application--School Assistance in Fedrlly Affected Areas: PL 81-874	Mark R. Stange	566-3430
AsReq	Sup't	D	F	OE-423	Application for Disaster Assistance: PL 81-874	William D. Guzman	566-7546

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PART IV

MONTHLY CALENDAR OF FORMS

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S E P T E M B E R

Date Due State	Local Contact Person	Form Type	Need	Form Number	Form Name: Justification	State Contact Person	Telephone Number
9- 1	Sup't	A	S	ED-001	END OF YEAR SCHOOL REPORT: CGS 10-227	Robert Brewer	566-4861
9- 1	Dirctr	C	S	ED-001R	End of Year School Report--Reg Education Service Ctrs: CGS 10-227	Robert Brewer	566-4861
9- 1	Sup't	B	B	ED-106	State Schl Breakfst Rpt, Costs & Income: CGS 10-266w, 7-CFR 220.9(d)	Ann R. Tolman	566-3195
9- 1	Sup't	A	F	ED-160	ECIA CHAPTER 2 EVALUATION: PL 97-35	Carlos Martinez	556-8525
9- 1	Sup't	B	S	ED-178	Application to Renew Temporary Emergency Permit: CGS 10-145a	Pat Scully	566-4183
9- 1	Dirctr	C	F	ED-209	Migrant Program Evaluation Report: PL 89-10, 89-7506, 95-561	Carlos Martinez	556-8525
9- 1	Sup't	B	S	ED-230	LEA Bilingual Education Evaluation: CGS 10-17f,g	Cynthia Prince	566-8525
9- 1	Sup't	A	B	ED-241	ADULT EDUCATION SUMMARY REPORT: CGS 10-67,-73b, PL 95-561	Roberta Pawloski	638-4160
9- 1	Sup't	B	S	ED-470	Vocational Equipment Grant Application: CGS 10-265a-d	Errol J. Terrell	638-4021
9- 5M	Sup't	A	F	ED-111	STATUS OF CASH REPORT--FEDERAL PREPAYMENT PROGRAM: R-34,-74,-74c,d	Annette McCall	566-5959
9-10M	Sponsr	C	F	ED-092	Reimbursement Claim--Summer Food Service Program: 7-CFR 225.11(c)	Ann R. Tolman	566-3195
9-10M	BdEduc	D	S	TRB19A	Transfer Form: CGS 10-183n	Stella Kulagowski	566-2875
9-10M	BdEduc	D	S	TRB19B	Name/Address Changes: CGS 10-183n	Stella Kulagowski	566-2875
9-15M	Sponsr	C	F	ED-086	Reimbursement Claim--Child Care Food Program: 7-CFR 226.11(b)	Ann R. Tolman	566-3195
9-15M	Sponsr	C	F	ED-088	Reimbursement Claim-for Day Centers: 7-CFR 226.12(b), 226.13(g)	Ann R. Tolman	566-3195
9-15M	Sup't	A	F	ED-103	REIMB CLAIM--NAT SCH LUNCH, BRKFST & SPEC MILK PROGS: 35-FR-3500	Ann R. Tolman	566-3195
9-15	Sup't	A	S	ED-156	TEACHER SHORTAGE SURVEY: CGS 10a-163	Peter Prowda	566-7117
9-15	Sup't	D	S	TRB03	ANNUAL SCHOOL STAFF REPORT (Preprinted): CGS 10-183n	Stella Kulagowski	566-2875
9-15	Sup't	D	S	TRB03A	ANNUAL SCHOOL STAFF REPORT ATTACHMENT: CGS 10-183n	Stella Kulagowski	566-2875
9-15	Sup't	D	S	TRB03L	LEAVE OF ABSENCE REPORT: CGS 10-183n	Stella Kulagowski	566-2875
9-15	BdEduc	D	S	TRB20	Requisition Form: CGS 10-183n	Suzanne Bock	566-3889
9-15	BdEduc	D	S	TRB21	Town Officers: CGS 10-183n	Stella Kulagowski	566-2875
9-30	Sup't	B	F	ED-440	Grant Application, Carl Perkins Voc Ed Act: PL 98-524	Errol J. Terrell	638-4021
9-30M	BdEduc	D	S	TRB04	Teacher's Application for Retirement: CGS 10-183n	Gail Barton	566-5285

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Date Due State	Local Contact Person	Form Type	Need	Form Number	Form Name: Justification	State Contact Person	Telephone Number
9-30M	BdEduc	D	S	TRB08A	Town Report of Monthly Deposit & Member Terminations: CGS 10-183n	Maria Todd	566-3889
9-30M	BdEduc	D	S	TRB08C	Town Report of Monthly Leave Payments: CGS 10-183n	Maria Todd	566-3889
9-30M	BdEduc	D	S	TRB08E	Town Report of Monthly Installment Payments: CGS 10-183n	Dorothy Holmes	566-5520
9-30M	BdEduc	D	S	TRB08S	Town Report of Annual Substitute Service: CGS 10-183v	Dorothy Holmes	566-5520
9-30M	BdEduc	D	S	TRB10	Report of Changes During the School Year: CGS 10-183n	Stella Kulagowski	566-2875
9-30M	BdEduc	D	S	TRB10A	Report of Substitute Service by Retired Teachers: CGS 10-183n	Gail Barton	566-5285
9-30M	BdEduc	D	S	TRB10L	Report of Teacher's Absences & Leaves: CGS 10-183n	Stella Kulagowski	566-2875
9-30M	BdEduc	D	S	TRB33C	Statement of Payment Plan--Period Certain: CGS 10-183j	Gail Barton	566-5285
9-30M	BdEduc	D	S	TRB33D	Statement of Payment Plan--Co-Participant: CGS 10-183j	Gail Barton	566-5285
9-30M	BdEduc	D	S	TRB33N	Statement of Payment Plan--Normal: CGS 10-183j	Gail Barton	566-5285

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O C T O B E R

Date Due State	Local Contact Person	Form Type	Need	Form Number	Form Name: Justification	State Contact Person	Telephone Number
10- 1	Sup't	A	F	ED-080	POLICY STATMT--FREE & REDUCED MEALS & FREE MLK: 7-CFR 210, 215, 245	Ann R. Tolman	566-3195
10- 1	Sponsr	C	F	ED-087	Application--Child Care Food Pgm--Day Care Homes: 7-CFR 226.6(b)	Ann R. Tolman	566-3195
10- 1	Sup't	A	B	ED-332	FUNDING ELIGIBILITY: PL 89-313, CGS 10-4, -76, -253	David S. Cleaver	566-5469
10- 1	Sup't	A	S	ED-401	VOCATIONAL EDUCATION STUDENT ADMISSION REPORT: CGS 10-95, -97	William Choquette	566-7369
10- 5M	Sup't	A	F	ED-111	STATUS OF CASH REPORT--FEDERAL PREPAYMENT PROGRAM: R-34,-74,-74c,d	Annette McCall	566-5959
10-10	Teachr	C	S	ED-503	Vo-Ag Center Fall Report: CGS 10-66	Roger W. Lawrence	638-4054
10-10M	BdEduc	D	S	TRB19A	Transfer Form: CGS 10-183n	Stella Kulagowski	566-2875
10-10M	BdEduc	D	S	TRB19B	Name/Address Changes: CGS 10-183n	Stella Kulagowski	566-2875
10-15T	Sup't	A	S	ED-025	PUPIL DATA REPORT: CGS 10-261(a)	Robert Brewer	566-4861
10-15T	Sup't	A	S	ED-027	REGIONAL SCHOOLS PUPIL DATA REPORT (ED-025R): CGS 10-261,-53	Robert Brewer	566-4861
10-15	Sponsr	C	F	ED-081	Nonpricing Program Policy Statement: 7-CFR 245.3(a)(x)	Ann R. Tolman	566-3195
10-15M	Sponsr	C	F	ED-086	Reimbursement Claim--Child Care Food Program: 7-CFR 226.11(b)	Ann R. Tolman	566-3195
10-15M	Sponsr	C	F	ED-088	Reimbursement Claim-for Day Centers: 7-CFR 226.12(b), 226.13(g)	Ann R. Tolman	566-3195
10-15M	Sup't	A	F	ED-103	REIMB CLAIM--NAT SCH LUNCH, BRKFST & SPEC MILK PROGS: 35-FR-3500	Ann R. Tolman	566-3195
10-15	Sup't	B	F	ED-107	Sponsor Representation Letter--Child Nutrition Programs: 35-FR-3500	Ann R. Tolman	566-3195
10-15	Sup't	A	S	ED-152	RACIAL SURVEY: CGS 10-226a	David S. Cleaver	566-5469
10-25	Sup't	A	S	ED-153	EERA STUDENT PARTICIPATION REPORT: CGS 10-14m	Peter Behuniak	566-4008
10-25	Prncpl	C	S	ED-159	Nonpublic School Report: CGS 10-188	Thomas F. Breen	566-1685
10-30	Sup't	B	S	ED-210	Drug Free Schools and Communties Act of 1986: PL 99-570	Veronica Skerker	566-6581
10-31M	BdEduc	D	S	TRB04	Teacher's Application for Retirement: CGS 10-183n	Gail Barton	566-5285
10-31M	BdEduc	D	S	TRB08A	Town Report of Monthly Deposit & Member Terminations: CGS 10-183n	Maria Todd	566-3889
10-31M	BdEduc	D	S	TRB08C	Town Report of Monthly Leave Payments: CGS 10-183n	Maria Todd	566-3889
10-31M	BdEduc	D	S	TRB08E	Town Report of Monthly Installment Payments: CGS 10-183n	Dorothy Holmes	566-5520
10-31M	BdEduc	D	S	TRB08S	Town Report of Annual Substitute Service: CGS 10-183v	Dorothy Holmes	566-5520

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Date Due State	Local Contact Person	Form Type	Need	Form Number	Form Name: Justification	State Contact Person	Telephone Number
10-31M	BdEduc	D	S	TRB10	Report of Changes During the School Year: CGS 10-183n	Stella Kulagowski	566-2875
10-31M	BdEduc	D	S	TRB10A	Report of Substitute Service by Retired Teachers: CGS 10-183n	Gail Barton	566-5285
10-31M	BdEduc	D	S	TRB10L	Report of Teacher's Absences & Leaves: CGS 10-183n	Stella Kulagowski	566-2875
10-31M	BdEduc	D	S	TRB33C	Statement of Payment Plan--Period Certain: CGS 10-183j	Gail Barton	566-5285
10-31M	BdEduc	D	S	TRB33D	Statement of Payment Plan--Co-Participant: CGS 10-183j	Gail Barton	566-5285
10-31M	BdEduc	D	S	TRB33N	Statement of Payment Plan--Normal: CGS 10-183j	Gail Barton	566-5285

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Monthly Calendar of Forms

N O V E M B E R

Date Due State	Local Contact Person	Form Type	Need	Form Number	Form Name: Justification	State Contact Person	Telephone Number
11- 1	Sup't	E	S	ED-151	Biennial Report--Educ Evaluation & Remedial Assistance: CGS 10-14m	Peter Behuniak	566-4008
11- 5M	Sup't	A	F	ED-111	STATUS OF CASH REPORT--FEDERAL PREPAYMENT PROGRAM: R-34,-74,-74c,d	Annette McCall	566-5959
11- 8	Coordr	D	S	IMM4	School Immunization Survey Summary: CGS 10-204a	R. Barry Trostel	566-4141
11-10M	BdEduc	D	S	TRB19A	Transfer Form: CGS 10-183n	Stella Kulagowski	566-2875
11-10M	BdEduc	D	S	TRB19B	Name/Address Changes: CGS 10-183n	Stella Kulagowski	566-2875
11-15	Sup't	A	S	ED-017	GRANT APPLICATION--NONPUBLIC HEALTH & WELFARE SERVICES: CGS 10-217a	Robert Brewer	566-4861
11-15M	Sponsr	C	F	ED-086	Reimbursement Claim--Child Care Food Program: 7-CFR 226.11(b)	Ann R. Tolman	566-3195
11-15M	Sponsr	C	F	ED-088	Reimbursement Claim-for Day Centers: 7-CFR 226.12(b), 226.13(g)	Ann R. Tolman	566-3195
11-15M	Sup't	A	F	ED-103	REIMB CLAIM--NAT SCH LUNCH, BRKFST & SPEC MILK PROGS: 35-FR-3500	Ann R. Tolman	566-3195
11-15	Sup't	A	S	ED-228	ASSESSMNT OF DOMINNT LANGUAGE & LIMTD ENG PROFICIENCY: CGS 10-17f	George DeGeorge	566-5670
11-30	Sup't	A	S	ED-030	TEACHER SALARY GRANT APPLICATION: CGS 10-257a-g	Robert Brewer	566-4861
11-30	Sup't	B	F	ED-235	Transition Program for Refugee Children Evaluation: PL 94-405	George DeGeorge	566-5670
11-30M	BdEduc	D	S	TRB04	Teacher's Application for Retirement: CGS 10-183n	Gail Barton	566-5285
11-30M	BdEduc	D	S	TRB08A	Town Report of Monthly Deposit & Member Terminations: CGS 10-183n	Maria Todd	566-3889
11-30M	BdEduc	D	S	TRB08C	Town Report of Monthly Leave Payments: CGS 10-183n	Maria Todd	566-3889
11-30M	BdEduc	D	S	TRB08E	Town Report of Monthly Installment Payments: CGS 10-183n	Dorothy Holmes	566-5520
11-30M	BdEduc	D	S	TRB08S	Town Report of Annual Substitute Service: CGS 10-183v	Dorothy Holmes	566-5520
11-30M	BdEduc	D	S	TRB10	Report of Changes During the School Year: CGS 10-183n	Stella Kulagowski	566-2875
11-30M	BdEduc	D	S	TRB10A	Report of Substitute Service by Retired Teachers: CGS 10-183n	Gail Barton	566-5285
11-30M	BdEduc	D	S	TRB10L	Report of Teacher's Absences & Leaves: CGS 10-183n	Stella Kulagowski	566-2875
11-30M	BdEduc	D	S	TRB33C	Statement of Payment Plan--Period Certain: CGS 10-183j	Gail Barton	566-5285
11-30M	BdEduc	D	S	TRB33D	Statement of Payment Plan--Co-Participant: CGS 10-183j	Gail Barton	566-5285
11-30M	BdEduc	D	S	TRB33N	Statement of Payment Plan--Normal: CGS 10-183j	Gail Barton	566-5285

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D E C E M B E R

Date Due State	Local Contact Person	Form Type	Need	Form Number	Form Name: Justification	State Contact Person	Telephone Number
12- 1	Sup't	E	S	ED-148	Graduating Class Report: CGS 10-221a	James P. Wade	566-4723
12- 1	Dirctr	C	S	ED-158NP	Nonpublic High School Graduate Follow-up: CGS 10-224, -188	Judith Thompson	566-7369
12- 1	Sup't	A	S	ED-158P	PUBLIC HIGH SCHOOL GRADUATE FOLLOW-UP: CGS 10-224, -188	Judith Thompson	566-7369
12- 1	Sup't	B	F	ED-211	Education for Economic Security (EESA), Title II: PL 98-377, 99-159	Sigmund Abeles	566-4825
12- 1	Sup't	A	B	ED-331	SPECIAL EDUCATION CENSUS: PL 89-313, 94-142, CGS 10-76a-s	David S. Cleaver	566-5469
12- 3	Sup't+	B	S	ED-471	OIC Equipment Grant Application: CGS 10-265c, PA 87-405	Charles Bertagna	638-4061
12- 5M	Sup't	A	F	ED-111	STATUS OF CASH REPORT--FEDERAL PREPAYMENT PROGRAM: R-34,-74,-74c,d	Annette McCall	566-5959
12-10M	BdEduc	D	S	TRB19A	Transfer Form: CGS 10-183n	Stella Kulagowski	566-2875
12-10M	BdEduc	D	S	TRB19B	Name/Address Changes: CGS 10-183n	Stella Kulagowski	566-2875
12-15M	Sponsr	C	F	ED-086	Reimbursement Claim--Child Care Food Program: 7-CFR 226.11(b)	Ann R. Tolman	566-3195
12-15M	Sponsr	C	F	ED-088	Reimbursement Claim-for Day Centers: 7-CFR 226.12(b), 226.13(g)	Ann R. Tolman	566-3195
12-15M	Sup't	A	F	ED-103	REIMB CLAIM--NAT SCH LUNCH, BRKFST & SPEC MILK PROGS: 35-FR-3500	Ann R. Tolman	566-3195
12-30	Sup't	B	S	ED-001A	Data Adjustment Form: CGS 10-227	Robert Brewer	566-4861
12-31	Sup't	B	B	ED-203C	Chapter 1 Neglected and Delinquent Children Surv (Local): PL 97-35	Diana Whitelaw	566-8283
12-31	Sup't	B	B	ED-203D	Chapter 1 Neglected and Delinquent Children Surv (State): PL 97-35	Diana Whitelaw	566-8283
12-31M	BdEduc	D	S	TRB04	Teacher's Application for Retirement: CGS 10-183n	Gail Barton	566-5285
12-31M	BdEduc	D	S	TRB08A	Town Report of Monthly Deposit & Member Terminations: CGS 10-183n	Maria Todd	566-3889
12-31M	BdEduc	D	S	TRB08C	Town Report of Monthly Leave Payments: CGS 10-183n	Maria Todd	566-3889
12-31M	BdEduc	D	S	TRB08E	Town Report of Monthly Installment Payments: CGS 10-183n	Dorothy Holmes	566-5520
12-31M	BdEduc	D	S	TRB08S	Town Report of Annual Substitute Service: CGS 10-183v	Dorothy Holmes	566-5520
12-31M	BdEduc	D	S	TRB10	Report of Changes During the School Year: CGS 10-183n	Stella Kulagowski	566-2875
12-31M	BdEduc	D	S	TRB10A	Report of Substitute Service by Retired Teachers: CGS 10-183n	Gail Barton	566-5285
12-31M	BdEduc	D	S	TRB10L	Report of Teacher's Absences & Leaves: CGS 10-183n	Stella Kulagowski	566-2875
12-31M	BdEduc	D	S	TRB33C	Statement of Payment Plan--Period Certain: CGS 10-183j	Gail Barton	566-5285

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D E C E M B E R (Cont.)

Date Due State	Local Contact Person	Form Type	Need	Form Number	Form Name: Justification	State Contact Person	Telephone Number
12-31M	BdEduc	D	S	TRB33D	Statement of Payment Plan--Co-Participant: CGS 10-183j	Gail Barton	566-5285
12-31M	BdEduc	D	S	TRB33N	Statement of Payment Plan--Normal: CGS 10-183j	Gail Barton	566-5285

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J A N U A R Y

Date Due State	Local Contact Person	Form Type	Need	Form Number	Form Name: Justification	State Contact Person	Telephone Number
1- 5M	Sup't	A	F	ED-111	STATUS OF CASH REPORT--FEDERAL PREPAYMENT PROGRAM: R-34,-74,-74c,d	Annette McCall	566-5959
1-10M	BdEduc	D	S	TRB19A	Transfer Form: CGS 10-183n	Stella Kulagowski	566-2875
1-10M	BdEduc	D	S	TRB19B	Name/Address Changes: CGS 10-183n	Stella Kulagowski	566-2875
1-15M	Sponsr	C	F	ED-086	Reimbursement Claim--Child Care Food Program: 7-CFR 226.11(b)	Ann R. Tolman	566-3195
1-15M	Sponsr	C	F	ED-088	Reimbursement Claim-for Day Centers: 7-CFR 226.12(b), 226.13(g)	Ann R. Tolman	566-3195
1-15S	Sponsr	C	F	ED-102	Semi-Annual Revenue & Cost Expend Rpt: 7-CFR 220.15, 220.13(i)	Ann R. Tolman	566-3195
1-15M	Sup't	A	F	ED-103	REIMB CLAIM--NAT SCH LUNCH, BRKFST & SPEC MILK PROGS: 35-FR-3500	Ann R. Tolman	566-3195
1-30	Sup't	D	F	OE-4019	Application--School Assistance in Fedrlly Affected Areas: PL 81-874	Mark R. Stange	566-3430
1-31	Sup't	E	S	ED-150	Teacher Evaluation Triennial Report: CGS 10-151b(b)	Larry Schaefer	556-4124
1-31M	BdEduc	D	S	TRB04	Teacher's Application for Retirement: CGS 10-183n	Gail Barton	566-5285
1-31M	BdEduc	D	S	TRB08A	Town Report of Monthly Deposit & Member Terminations: CGS 10-183n	Maria Todd	566-3889
1-31M	BdEduc	D	S	TRB08C	Town Report of Monthly Leave Payments: CGS 10-183n	Maria Todd	566-3889
1-31M	BdEduc	D	S	TRB08E	Town Report of Monthly Installment Payments: CGS 10-183n	Dorothy Holmes	566-5520
1-31M	BdEduc	D	S	TRB08S	Town Report of Annual Substitute Service: CGS 10-183v	Dorothy Holmes	566-5520
1-31M	BdEduc	D	S	TRB10	Report of Changes During the School Year: CGS 10-183n	Stella Kulagowski	566-2875
1-31M	BdEduc	D	S	TRB10A	Report of Substitute Service by Retired Teachers: CGS 10-183n	Gail Barton	566-5285
1-31M	BdEduc	D	S	TRB10L	Report of Teacher's Absences & Leaves: CGS 10-183n	Stella Kulagowski	566-2875
1-31M	BdEduc	D	S	TRB33C	Statement of Payment Plan--Period Certain: CGS 10-183j	Gail Barton	566-5285
1-31M	BdEduc	D	S	TRB33D	Statement of Payment Plan--Co-Participant: CGS 10-183j	Gail Barton	566-5285
1-31M	BdEduc	D	S	TRB33N	Statement of Payment Plan--Normal: CGS 10-183j	Gail Barton	566-5285

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F E B R U A R Y

Date Due State	Local Contact Person	Form Type	Need	Form Number	Form Name: Justification	State Contact Person	Telephone Number
2- 1	Sup't	E	S	ED-149	Curriculum Survey: CGS 10-16b	Larry Schaefer	566-4124
2- 1	Dirctr	C	F	ED-208	Migrant Education Registration & Enrollment: PL 97-35	Carol Gilchrist	566-3426
2- 5M	Sup't	A	F	ED-111	STATUS OF CASH REPORT--FEDERAL PREPAYMENT PROGRAM: R-34,-74,-74c,d	Annette McCall	566-5959
2-10M	BdEduc	D	S	TRB19A	Transfer Form: CGS 10-183n	Stella Kulagowski	566-2875
2-10M	BdEduc	D	S	TRB19B	Name/Address Changes: CGS 10-183n	Stella Kulagowski	566-2875
2-15M	Sponsr	C	F	ED-086	Reimbursement Claim--Child Care Food Program: 7-CFR 226.11(b)	Ann R. Tolman	566-3195
2-15M	Sponsr	C	F	ED-088	Reimbursement Claim-for Day Centers: 7-CFR 226.12(b), 226.13(g)	Ann R. Tolman	566-3195
2-15M	Sup't	A	F	ED-103	REIMB CLAIM--NAT SCH LUNCH, BRKFST & SPEC MILK PROGS: 35-FR-3500	Ann R. Tolman	566-3195
2-15	Sup't	A	B	ED-244	GRANT APPLICATION--ADULT EDUCATION: CGS 10-67,-73b, PL 95-561	Roberta Pawloski	638-4160
2-29M	BdEduc	D	S	TRB04	Teacher's Application for Retirement: CGS 10-183n	Gail Barton	566-5285
2-29M	BdEduc	D	S	TRB08A	Town Report of Monthly Deposit & Member Terminations: CGS 10-183n	Maria Todd	566-3889
2-29M	BdEduc	D	S	TRB08C	Town Report of Monthly Leave Payments: CGS 10-183n	Maria Todd	566-3889
2-29M	BdEduc	D	S	TRB08E	Town Report of Monthly Installment Payments: CGS 10-183n	Dorothy Holmes	566-5520
2-29M	BdEduc	D	S	TRB08S	Town Report of Annual Substitute Service: CGS 10-183v	Dorothy Holmes	566-5520
2-29M	BdEduc	D	S	TRB10	Report of Changes During the School Year: CGS 10-183n	Stella Kulagowski	566-2875
2-29M	BdEduc	D	S	TRB10A	Report of Substitute Service by Retired Teachers: CGS 10-183n	Gail Barton	566-5285
2-29M	BdEduc	D	S	TRB10L	Report of Teacher's Absences & Leaves: CGS 10-183n	Stella Kulagowski	566-2875
2-29M	BdEduc	D	S	TRB33C	Statement of Payment Plan--Period Certain: CGS 10-183j	Gail Barton	566-5285
2-29M	BdEduc	D	S	TRB33D	Statement of Payment Plan--Co-Participant: CGS 10-183j	Gail Barton	566-5285
2-29M	BdEduc	D	S	TRB33N	Statement of Payment Plan--Normal: CGS 10-183j	Gail Barton	566-5285

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M A R C H

Date Due State	Local Contact Person	Form Type	Need	Form Number	Form Name: Justification	State Contact Person	Telephone Number
3- 5M	Sup't	A	F	ED-111	STATUS OF CASH REPORT--FEDERAL PREPAYMENT PROGRAM: R-34,-74,-74c,d	Annette McCall	566-5959
3-10M	BdEduc	D	S	TRB19A	Transfer Form: CGS 10-183n	Stella Kulagowski	566-2875
3-10M	BdEduc	D	S	TRB19B	Name/Address Changes: CGS 10-183n	Stella Kulagowski	566-2875
3-15M	Sponsr	C	F	ED-086	Reimbursement Claim--Child Care Food Program: 7-CFR 226.11(b)	Ann R. Tolman	566-3195
3-15M	Sponsr	C	F	ED-088	Reimbursement Claim-for Day Centers: 7-CFR 226.12(b), 226.13(g)	Ann R. Tolman	566-3195
3-15M	Sup't	A	F	ED-103	REIMB CLAIM--NAT SCH LUNCH, BRKFST & SPEC MILK PROGS: 35-FR-3500	Ann R. Tolman	566-3195
3-15	*	A	B	ED-404	COMPLETER FOLLOW-UP REPORT FOR VOC ED PGM: CGS 10-95,-97, PL 95-524	William Choquette	566-7369
3-31M	BdEduc	D	S	TRB04	Teacher's Application for Retirement: CGS 10-183n	Gail Barton	566-5285
3-31M	BdEduc	D	S	TRB08A	Town Report of Monthly Deposit & Member Terminations: CGS 10-183n	Maria Todd	566-3889
3-31M	BdEduc	D	S	TRB08C	Town Report of Monthly Leave Payments: CGS 10-183n	Maria Todd	566-3889
3-31M	BdEduc	D	S	TRB08E	Town Report of Monthly Installment Payments: CGS 10-183n	Dorothy Holmes	566-5520
3-31M	BdEduc	D	S	TRB08S	Town Report of Annual Substitute Service: CGS 10-183v	Dorothy Holmes	566-5520
3-31M	BdEduc	D	S	TRB10	Report of Changes During the School Year: CGS 10-183n	Stella Kulagowski	566-2875
3-31M	BdEduc	D	S	TRB10A	Report of Substitute Service by Retired Teachers: CGS 10-183n	Gail Barton	566-5285
3-31M	BdEduc	D	S	TRB10L	Report of Teacher's Absences & Leaves: CGS 10-183n	Stella Kulagowski	566-2875
3-31M	BdEduc	D	S	TRB33C	Statement of Payment Plan--Period Certain: CGS 10-183j	Gail Barton	566-5285
3-31M	BdEduc	D	S	TRB33D	Statement of Payment Plan--Co-Participant: CGS 10-183j	Gail Barton	566-5285
3-31M	BdEduc	D	S	TRB33N	Statement of Payment Plan--Normal: CGS 10-183j	Gail Barton	566-5285

*Sup't., V.T. Dir., Comm. Col. Pres., Tech. Col. Pres., and Other Agencies.

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A P R I L

Date Due State	Local Contact Person	Form Type	Need	Form Number	Form Name: Justification	State Contact Person	Telephone Number
4- 5M	Sup't	A	F	ED-111	STATUS OF CASH REPORT--FEDERAL PREPAYMENT PROGRAM: R-34,-74,-74c,d	Annette McCall	566-5959
4-10M	BdEduc	D	S	TRB19A	Transfer Form: CGS 10-183n	Stella Kulagowski	566-2875
4-10M	BdEduc	D	S	TRB19B	Name/Address Changes: CGS 10-183n	Stella Kulagowski	566-2875
4-15M	Sponsr	C	F	ED-086	Reimbursement Claim--Child Care Food Program: 7-CFR 226.11(b)	Ann R. Tolman	566-3195
4-15M	Sponsr	C	F	ED-088	Reimbursement Claim-for Day Centers: 7-CFR 226.12(b), 226.13(g)	Ann R. Tolman	566-3195
4-15	Sponsr	C	F	ED-094	Compliance Agreement--Summer Food Service Program: 7-CFR 225.19(a)	Ann R. Tolman	566-3195
4-15M	Sup't	A	F	ED-103	REIMB CLAIM--NAT SCH LUNCH, BRKFST & SPEC MILK PROGS: 35-FR-3500	Ann R. Tolman	566-3195
4-15	Sup't	A	B	ED-245	GRANT APPLICATION REVISION FOR ADULT EDUCATION: CGS 10-69, PL 95-561	Roberta Pawloski	638-4160
4-30M	BdEduc	D	S	TRB04	Teacher's Application for Retirement: CGS 10-183n	Gail Barton	566-5285
4-30M	BdEduc	D	S	TRB08A	Town Report of Monthly Deposit & Member Terminations: CGS 10-183n	Maria Todd	566-3889
4-30M	BdEduc	D	S	TRB08C	Town Report of Monthly Leave Payments: CGS 10-183n	Maria Todd	566-3889
4-30M	BdEduc	D	S	TRB08E	Town Report of Monthly Installment Payments: CGS 10-183n	Dorothy Holmes	566-5520
4-30M	BdEduc	D	S	TRB08S	Town Report of Annual Substitute Service: CGS 10-183v	Dorothy Holmes	566-5520
4-30M	BdEduc	D	S	TRB10	Report of Changes During the School Year: CGS 10-183n	Stella Kulagowski	566-2875
4-30M	BdEduc	D	S	TRB10A	Report of Substitute Service by Retired Teachers: CGS 10-183n	Gail Barton	566-5285
4-30M	BdEduc	D	S	TRB10L	Report of Teacher's Absences & Leaves: CGS 10-183n	Stella Kulagowski	566-2875
4-30M	BdEduc	D	S	TRB33C	Statement of Payment Plan--Period Certain: CGS 10-183j	Gail Barton	566-5285
4-30M	BdEduc	D	S	TRB33D	Statement of Payment Plan--Co-Participant: CGS 10-183j	Gail Barton	566-5285
4-30M	BdEduc	D	S	TRB33N	Statement of Payment Plan--Normal: CGS 10-183j	Gail Barton	566-5285

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Date Due State	Local Contact Person	Form Type	Need	Form Number	Form Name: Justification	State Contact Person	Telephone Number
5- 5M	Sup't	A	F	ED-111	STATUS OF CASH REPORT--FEDERAL PREPAYMENT PROGRAM: R-34,-74,-74c,d	Annette McCall	566-5959
5- 8	Sup't	B	S	ED-008B	Mental Health Facilities Grant: CGS 10-76d(e)(5)	Robert Brewer	566-4861
5- 8	Sup't	B	S	ED-008C	Mental Health Facilities Grant: CGS 10-76d(e)(5)	Robert Brewer	566-4861
5-10M	BdEduc	D	S	TRB19A	Transfer Form: CGS 10-183n	Stella Kulagowski	566-2875
5-10M	BdEduc	D	S	TRB19B	Name/Address Changes: CGS 10-183n	Stella Kulagowski	566-2875
5-15T	Sup't	A	S	ED-025	PUPIL DATA REPORT: CGS 10-261(a)	Robert Brewer	566-4861
5-15T	Sup't	A	S	ED-027	REGIONAL SCHOOLS PUPIL DATA REPORT (ED-025R): CGS 10-261,-53	Robert Brewer	566-4861
5-15M	Sponsr	C	F	ED-086	Reimbursement Claim--Child Care Food Program: 7-CFR 226.11(b)	Ann R. Tolman	566-3195
5-15M	Sponsr	C	F	ED-088	Reimbursement Claim-for Day Centers: 7-CFR 226.12(b), 226.13(g)	Ann R. Tolman	566-3195
5-15	Sponsr	C	F	ED-090	Application--Summer Food Service Program: 7-CFR 225.8	Ann R. Tolman	566-3195
5-15	Sponsr	C	F	ED-091	Site Sheet--Summer Food Service Program: 7-CFR 225.8(l)	Ann R. Tolman	566-3195
5-15M	Sup't	A	F	ED-103	REIMB CLAIM--NAT SCH LUNCH, BRKFST & SPEC MILK PROGS: 35-FR-3500	Ann R. Tolman	566-3195
5-15	Prncpl	C	S	ED-159A	Nonpublic School Report: CGS 10-188, -217a, -281	Robert Brewer	566-4861
5-15	Sup't	A	F	ED-169	PROFESSIONAL DEVLOPMENT GRANT: PL 87-2, Sec. 9	Harold M. Portner	566-4565
5-22	*	A	B	ED-400A	VOC EDUC SECONDARY ENROLLMENT & COMPLETION RPT: PL 98-524	William Choquette	566-7369
5-22	*	A	B	ED-400B	VOC EDUC POST-SECONDARY ENROLLMENT & COMPLETION RPT: PL 98-524	William Choquette	566-7369
5-22	*	A	B	ED-400C	DISADV & LMTED ENGL PROF STUDENTS IN VOCATIONAL PROGRAMS: PL 98-524	William Choquette	566-7369
5-31M	BdEduc	D	S	TRB04	Teacher's Application for Retirement: CGS 10-183n	Gail Barton	566-5285
5-31M	BdEduc	D	S	TRB08A	Town Report of Monthly Deposit & Member Terminations: CGS 10-183n	Maria Todd	566-3889
5-31M	BdEduc	D	S	TRB08C	Town Report of Monthly Leave Payments: CGS 10-183n	Maria Todd	566-3889
5-31M	BdEduc	D	S	TRB08E	Town Report of Monthly Installment Payments: CGS 10-183n	Dorothy Holmes	566-5520
5-31M	BdEduc	D	S	TRB08S	Town Report of Annual Substitute Service: CGS 10-183v	Dorothy Holmes	566-5520
5-31M	BdEduc	D	S	TRB10	Report of Changes During the School Year: CGS 10-183n	Stella Kulagowski	566-2875
5-31M	BdEduc	D	S	TRB10A	Report of Substitute Service by Retired Teachers: CGS 10-183n	Gail Barton	566-5285

*Sup't., V.T. Dir., Comm. Col. Pres., Tech. Col. Pres., and Other Agencies.

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M A Y (Cont.)

Date Due State	Local Contact Person	Form Type	Need	Form Number	Form Name: Justification	State Contact Person	Telephone Number
5-31M	BdEduc	D	S	TRB10L	Report of Teacher's Absences & Leaves: CGS 10-183n	Stella Kulagowski	566-2875
5-31M	BdEduc	D	S	TRB33C	Statement of Payment Plan--Period Certain: CGS 10-183j	Gail Barton	566-5285
5-31M	BdEduc	D	S	TRB33D	Statement of Payment Plan--Co-Participant: CGS 10-183j	Gail Barton	566-5285
5-31M	BdEduc	D	S	TRB33N	Statement of Payment Plan--Normal: CGS 10-183j	Gail Barton	566-5285

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J U N E

Date Due State	Local Contact Person	Form Type	Need	Form Number	Form Name: Justification	State Contact Person	Telephone Number
6- 1	Sup't	A	F	ED-083	PAID MILK ONLY PROVISION: 7-CFR 214.13(a)(c)	Ann R. Tolman	566-3195
6- 1	Sup't	B	B	ED-203A	Chapter 1 Neglected and Delinquent Children Appln (Local): PL 97-35	Diana Whitelaw	566-8283
6- 1	Sup't	B	B	ED-203B	Chapter 1 Neglected and Delinquent Children Appln (State): PL 97-35	Diana Whitelaw	566-8283
6- 1	Sup't	B	F	ED-204	Chapter 1 Evaluation Rprt--Neglected & Delinqunt Children: PL 97-35	Carlos Martinez	566-8525
6- 1	Sup't	B	B	ED-205	Compensatory Program Project Info Summary: CGS 10-266j, PL 97-35	Carlos Martinez	566-8525
6- 1	Sup't	B	B	ED-206	Application--Migrant Education Grants-Chapter 1 ECIA: PL 97-35	Diana Whitelaw	566-8283
6- 1	Sup't	B	B	ED-207	Migrant Program Certificate of Eligibity: PL 97-35	Diana Whitelaw	566-8283
6- 5M	Sup't	A	F	ED-111	STATUS OF CASH REPORT--FEDERAL PREPAYMENT PROGRAM: R-34,-74,-74c,d	Annette McCall	566-5959
6-10M	Sponsr	C	F	ED-092	Reimbursement Claim--Summer Food Service Program: 7-CFR 225.11(c)	Ann R. Tolman	566-3195
6-10M	BdEduc	D	S	TRB19A	Transfer Form: CGS 10-183n	Stella Kulagowski	566-2875
6-10M	BdEduc	D	S	TRB19B	Name/Address Changes: CGS 10-183n	Stella Kulagowski	566-2875
6-15M	Sponsr	C	F	ED-086	Reimbursement Claim--Child Care Food Program: 7-CFR 226.11(b)	Ann R. Tolman	566-3195
6-15M	Sponsr	C	F	ED-088	Reimbursement Claim-for Day Centers: 7-CFR 226.12(b), 226.13(g)	Ann R. Tolman	566-3195
6-15M	Sup't	A	F	ED-103	REIMB CLAIM--NAT SCH LUNCH, BRKFST & SPEC MILK PROGS: 35-FR-3500	Ann R. Tolman	566-3195
6-15	Sup't	A	S	ED-105	LUNCH COUNT RPRT--CHILD NUTRIT PROG: CGS 10-266w, 7-CFR 220.9(e)(3)	Ann R. Tolman	566-3195
6-15	Sup't	A	S	ED-155	ENUMERATION REPORT: CGS 10-249 to -251	David S. Cleaver	566-5469
6-15	Sup't	B	B	ED-291	Annual Driver Education Report: CGS 10-24	Jane Alonso Tedder	638-4035
6-15	Sup't	B	S	ED-292	Approval of School Driver Education Program: CGS 10-24	Jane Alonso Tedder	638-4035
6-30	Sup't	B	S	ED-040	Application for Proposed School Building Project: CGS 10-283	William D. Guzman	566-7546
6-30	Sup't	A	S	ED-173	APPLICATION TO CERTIFY SUBSTITUTES: CGS 10-145a	Pat Scully	566-4183
6-30	Sup't	A	S	ED-174	APPLICATION TO CERTIFY SUBSTITUTES, SPECIAL REQUESTS: CGS 10-145a	Pat Scully	566-4183
6-30	Sup't	B	S	ED-175	Application to Extend Substitutes Certification: CGS 10-145a	Pat Scully	566-4183
6-30	Sup't	A	B	ED-203	LOCAL SCHOOL DIST APPLN FOR COMP ED GRANTS: CGS 10-14m-r, PL 97-35	Diana Whitelaw	566-8283
6-30M	BdEduc	D	S	TRB04	Teacher's Application for Retirement: CGS 10-183n	Gail Barton	566-5285

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Date Due State	Local Contact Person	Form Type	Need	Form Number	Form Name: Justification	State Contact Person	Telephone Number
6-30	BdEduc	D	S	TRB08	Annual Report of Retirement Deductions: CGS 10-183n	Betty Bazin	566-2875
6-30M	BdEduc	D	S	TRB08A	Town Report of Monthly Deposit & Member Terminations: CGS 10-183n	Maria Todd	566-3889
6-30M	BdEduc	D	S	TRB08C	Town Report of Monthly Leave Payments: CGS 10-183n	Maria Todd	566-3889
6-30M	BdEduc	D	S	TRB08E	Town Report of Monthly Installment Payments: CGS 10-183n	Dorothy Holmes	566-5520
6-30M	BdEduc	D	S	TRB08S	Town Report of Annual Substitute Service: CGS 10-183v	Dorothy Holmes	566-5520
6-30M	BdEduc	D	S	TRB10	Report of Changes During the School Year: CGS 10-183n	Stella Kulagowski	566-2875
6-30M	BdEduc	D	S	TRB10A	Report of Substitute Service by Retired Teachers: CGS 10-183n	Gail Barton	566-5285
6-30M	BdEduc	D	S	TRB10L	Report of Teacher's Absences & Leaves: CGS 10-183n	Stella Kulagowski	566-2875
6-30M	BdEduc	D	S	TRB33C	Statement of Payment Plan--Period Certain: CGS 10-183j	Gail Barton	566-5285
6-30M	BdEduc	D	S	TRB33D	Statement of Payment Plan--Co-Participant: CGS 10-183j	Gail Barton	566-5285
6-30M	BdEduc	D	S	TRB33N	Statement of Payment Plan--Normal: CGS 10-183j	Gail Barton	566-5285

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J U L Y

Date Due State	Local Contact Person	Form Type	Need	Form Number	Form Name: Justification	State Contact Person	Telephone Number
7- 1	Sup't	A	S	ED-003	TEACHER/ADMINISTRATOR NEGOTIATIONS: CGS 10-153a	Leslie Williamson	566-2135
7- 1	Sup't	B	S	ED-008A	Mental Health Facilities Grant: CGS 10-76d(e)(5)	Robert Brewer	566-4861
7- 1	Sponsr	C	F	ED-084	Application--Child Care Food Program: 7-CFR 226.6(b)	Ann R. Tolman	566-3195
7- 1	Sup't	B	S	ED-229	Application for Bilingual Education Grants: CGS 10-17f,g	George DeGeorge	566-5670
7- 1	Sup't	E	S	ED-511	Local Education Goals Report: CGS 10-220 (b)	Elizabeth Schmitt	566-1961
7- 5M	Sup't	A	F	ED-111	STATUS OF CASH REPORT--FEDERAL PREPAYMENT PROGRAM: R-34,-74,-74c,d	Annette McCall	566-5959
7-10M	Sponsr	C	F	ED-092	Reimbursement Claim--Summer Food Service Program: 7-CFR 225.11(c)	Ann R. Tolman	566-3195
7-10M	BdEduc	D	S	TRB19A	Transfer Form: CGS 10-183n	Stella Kulagowski	566-2875
7-10M	BdEduc	D	S	TRB19B	Name/Address Changes: CGS 10-183n	Stella Kulagowski	566-2875
7-15M	Sponsr	C	F	ED-086	Reimbursement Claim--Child Care Food Program: 7-CFR 226.11(b)	Ann R. Tolman	566-3195
7-15M	Sponsr	C	F	ED-088	Reimbursement Claim-for Day Centers: 7-CFR 226.12(b), 226.13(g)	Ann R. Tolman	566-3195
7-15S	Sponsr	C	F	ED-102	Semi-Annual Revenue & Cost Expend Rpt: 7-CFR 220.15, 220.13(i)	Ann R. Tolman	566-3195
7-15M	Sup't	A	F	ED-103	REIMB CLAIM--NAT SCH LUNCH, BRKFST & SPEC MILK PROGS: 35-FR-3500	Ann R. Tolman	566-3195
7-15	Sup't	A	S	ED-180	REPORT OF THREATS AND ASSUALTS IN SCHOOLS: CGS 10-233g	Robert I. Margolin	566-8113
7-15	Sup't	B	S	ED-181	Chapter 2 Desegregation Grant Application: ECIA: PL 97-35	Richard Lappert	566-3593
7-15	Dirctr	C	S	ED-182	Chapter 2 RESC Grant Application: ECIA: PL 97-35	Holden Waterman	566-2245
7-15	Sup't	A	F	ED-222	GRANT APPLICATION: ECIA CHAPTER 2: PL 97-35	Richard Lappert	566-3593
7-31M	BdEduc	D	S	TRB04	Teacher's Application for Retirement: CGS 10-183n	Gail Barton	566-5285
7-31M	BdEduc	D	S	TRB08A	Town Report of Monthly Deposit & Member Terminations: CGS 10-183n	Maria Todd	566-3889
7-31M	BdEduc	D	S	TRB08C	Town Report of Monthly Leave Payments: CGS 10-183n	Maria Todd	566-3889
7-31M	BdEduc	D	S	TRB08E	Town Report of Monthly Installment Payments: CGS 10-183n	Dorothy Holmes	566-5520
7-31M	BdEduc	D	S	TRB08S	Town Report of Annual Substitute Service: CGS 10-183v	Dorothy Holmes	566-5520
7-31M	BdEduc	D	S	TRB10	Report of Changes During the School Year: CGS 10-183n	Stella Kulagowski	566-2875
7-31M	BdEduc	D	S	TRB10A	Report of Substitute Service by Retired Teachers: CGS 10-183n	Gail Barton	566-5285

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J U L Y (Cont.)

Date Due State	Local Contact Person	Form Type	Need	Form Number	Form Name: Justification	State Contact Person	Telephone Number
7-31M	BdEduc	D	S	TRB10L	Report of Teacher's Absences & Leaves: CGS 10-183n	Stella Kulagowski	566-2875
7-31M	BdEduc	D	S	TRB33C	Statement of Payment Plan--Period Certain: CGS 10-183j	Gail Barton	566-5285
7-31M	BdEduc	D	S	TRB33D	Statement of Payment Plan--Co-Participant: CGS 10-183j	Gail Barton	566-5285
7-31M	BdEduc	D	S	TRB33N	Statement of Payment Plan--Normal: CGS 10-183j	Gail Barton	566-5285

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Date Due State	Local Contact Person	Form Type	Need	Form Number	Form Name: Justification	State Contact Person	Telephone Number
8- 1E	Sup't	A	B	ED-215	EDUCATION OF THE HANDICAPPED-Part B: PL 94-142	David Murphy	566-5454
8- 1E	Sup't	B	B	ED-216A	Application for Grant Approval (Five or Fewer Children): PL 89-313	David Murphy	566-5454
8- 1E	Sup't	B	B	ED-216B	Application for Grant Approval (Six or more children): PL 89-313	David Murphy	566-5454
8- 1E	Sup't	B	B	ED-216C	Application for Grant Approval (State Oper/Supp Agencs): PL 89-313	Annette McCall	566-5959
8- 5M	Sup't	A	F	ED-111	STATUS OF CASH REPORT--FEDERAL PREPAYMENT PROGRAM: R-34,-74,-74c,d	Ann R. Tolman	566-3195
8-10M	Sponsr	C	F	ED-092	Reimbursement Claim--Summer Food Service Program: 7-CFR 225.11(c)	Stella Kulagowski	566-2875
8-10M	BdEduc	D	S	TRB19A	Transfer Form: CGS 10-183n	Stella Kulagowski	566-2875
8-10M	BdEduc	D	S	TRB19B	Name/Address Changes: CGS 10-183n	Mark Stapleton	566-3825
8-15	Sup't	A	S	ED-002	CERTIFICATE OF COMPLIANCE WITH LAW: CGS 10-260,-220	Richard Krissinger	566-2688
8-15	Sup't	B	S	ED-053	Site Analysis Form: CGS 10-286d	Ann R. Tolman	566-3195
8-15M	Sponsr	C	F	ED-086	Reimbursement Claim--Child Care Food Program: 7-CFR 226.11(b)	Ann R. Tolman	566-3195
8-15M	Sponsr	C	F	ED-088	Reimbursement Claim-for Day Centers: 7-CFR 226.12(b), 226.13(g)	Ann R. Tolman	566-3195
8-15M	Sup't	A	F	ED-103	REIMB CLAIM--NAT SCH LUNCH, BRKFST & SPEC MILK PROGS: 35-FR-3500	Robert I. Margolin	566-8113
8-15	Sup't	A	S	ED-147	SCHOOL DISTRICT CALENDAR SURVEY: CGS 10-15,-16,-16b,-220	Gail Barton	566-5285
8-31M	BdEduc	D	S	TRB04	Teacher's Application for Retirement: CGS 10-183n	Maria Todd	566-3889
8-31M	BdEduc	D	S	TRB08A	Town Report of Monthly Deposit & Member Terminations: CGS 10-183n	Maria Todd	566-3889
8-31M	BdEduc	D	S	TRB08C	Town Report of Monthly Leave Payments: CGS 10-183n	Dorothy Holmes	566-5520
8-31M	BdEduc	D	S	TRB08E	Town Report of Monthly Installment Payments: CGS 10-183n	Dorothy Holmes	566-5520
8-31M	BdEduc	D	S	TRB08S	Town Report of Annual Substitute Service: CGS 10-183v	Stella Kulagowski	566-2875
8-31M	BdEduc	D	S	TRB10	Report of Changes During the School Year: CGS 10-183n	Gail Barton	566-5285
8-31M	BdEduc	D	S	TRB10A	Report of Substitute Service by Retired Teachers: CGS 10-183n	Stella Kulagowski	566-2875
8-31M	BdEduc	D	S	TRB10L	Report of Teacher's Absences & Leaves: CGS 10-183n	Gail Barton	566-5285
8-31M	BdEduc	D	S	TRB33C	Statement of Payment Plan--Period Certain: CGS 10-183j	Gail Barton	566-5285
8-31M	BdEduc	D	S	TRB33D	Statement of Payment Plan--Co-Participant: CGS 10-183j		

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Date Due State	Local Contact Person	Form Type	Need	Form Number	Form Name: Justification	State Contact Person	Telephone Number
8-31M	BdEduc	D	S	TRB33N	Statement of Payment Plan--Normal: CGS 10-183j	Gail Barton	566-5285

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As Required

Date Due State	Local Contact Person	Form Type	Need	Form Number	Form Name: Justification	State Contact Person	Telephone Number
AsReq	Sup't	B	S	ED-004	Priority School District Program: CGS 10-266p-r	Theodore S. Sergi	638-4000
AsReq	Sup't	B	S	ED-005	Dropout Prevention Grant: PA 87-423	Theodore S. Sergi	638-4000
AsReq	Sup't	A	S	ED-014	MINIMUM EXPENDITURE REQUIREMNT PRELIM COMPLIANCE CHECK: CGS 10-262e	Martin Hollis	566-3431
AsReq	Sup't	B	S	ED-025A	Pupil Data Adjustment Form: CGS 10-261(a)	Robert Brewer	566-4861
AsReq	Sup't	B	S	ED-026	Pupil Data Conflict Form: CGS 10-261	Robert Brewer	566-4861
AsReq	Sup't	B	S	ED-027A	Pupil Data Adjustment Form: CGS 10-261(a)	Robert Brewer	566-4861
AsReq	Sup't	B	S	ED-041	Notice of Applicant's Funding: CGS 10-283a	William D. Guzman	566-7546
AsReq	Sup't	B	S	ED-042	Request for Review of Final Plans: CGS 10-291	Richard Krissinger	566-2688
AsReq	Sup't	B	S	ED-043	Request for Est Int & Prin Bond Payment: CGS 10-287h	William D. Guzman	566-7546
AsReq	Sup't	B	S	ED-044	Request for School Building Grant: CGS 10-287(d)	William D. Guzman	566-7546
AsReq	Sup't	B	S	ED-045	Notice of Bond Issue: CGS 10-287	William D. Guzman	566-7546
AsReq	Sup't	B	S	ED-047	Notice of Short Term Note: CGS 10-289a	William D. Guzman	566-7546
AsReq	Sup't	B	S	ED-048	Notice of Start of Construction: CGS 10-284	William D. Guzman	566-7546
AsReq	Sup't	B	S	ED-072	Notice of Intent to Renew Temporary Notes: CGS 10-287f	William D. Guzman	566-7546
AsReq	Sup't	B	S	ED-073	Notice of Temporary Note Issue: CGS 10-287h	William D. Guzman	566-7546
AsReq	Bldginsp	C	S	ED-075A	Area Asbestos Inspection Report: CGS 10-292b	William D. Guzman	566-7546
AsReq	Bldginsp	C	S	ED-075B	School Facility Asbestos Inspection Report: CGS 10-292b	William D. Guzman	566-7546
AsReq	Sup't	B	S	ED-075C	School District Asbestos Inspection Report: CGS 10-292b	William D. Guzman	566-7546
AsReq	Sup't	A	S	ED-076	ANNUAL ASBESTOS MANAGEMENT PLAN UPDATE: CGS 10-292b	William D. Guzman	566-7546
AsReq	FdSMC	C	F	ED-093	Application for Vendor Registration: 7-CFR 225.16(c)(1)	Ann R. Tolman	566-3195
AsReq	Sponsr	C	S	ED-095	Estimated Meal Counts--School Breakfast: CGS 10-266w	Ann R. Tolman	566-3195
AsReq	Sponsr	C	F	ED-096	Certfication Letter--Summer Food Serv Prg--Sites Visited: 7-CFR 225	Ann R. Tolman	566-3195
AsReq	Sponsr	C	F	ED-098	Civil Rights Survey--Preaward Comp Rev: 7-CFR 225.9(h), 226.6(e)	Ann R. Tolman	566-3195
AsReq	Sup't	B	S	ED-099	Agreement for Child Nutrition Programs: PL 95-166	Ann R. Tolman	566-3195

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Date Due State	Local Contact Person	Form Type	Need	Form Number	Form Name: Justification	State Contact Person	Telephone Number
AsReq	Sup't	B	S	ED-101	Food Serv Equip--Sev Need Brkfst Prog: CGS 10-266w, CFR 220.9(D)(e)	Ann R. Tolman	566-3195
AsReq	Sponsr	C	F	ED-109	Application for Start-up Payments--Child Care Program: PL 95-627	Ann R. Tolman	566-3195
AsReq	Sup't	A	F	ED-110	CASH FLOW PROJECTION STATEMENT: 34-CFR 74.61(e)	Annette McCall	566-5959
AsReq	Sup't	B	S	ED-114	Prepayment Grant Budget Request (Drug-Free Schools): PL 99-570	Al Serruto	566-4989
AsReq	Sup't	A	B	ED-141	STATEMENT OF EXPENDITURE FED & STATE PREPAYT PROJS: R-34,-73,-74	Al Serruto	566-4989
AsReq	Sup't	A	F	ED-142	STATEMENT OF EXPEND CARRYOVER--FED PREPAYT PROJ: R-34,-73,-74	Al Serruto	566-4989
AsReq	Sup't	A	F	ED-143	LIQUIDATION OF OBLIGATIONS--FED PREPAYMENT PROJECTS: R-34,-73,-74	Al Serruto	566-4989
AsReq	Teachr	C	S	ED-170	Application for Certification (long form): CGS 10-145a	Pat Scully	566-4183
AsReq	Studnt	C	S	ED-171	Application for Certification (short form): CGS 10-145a	Pat Scully	566-4183
AsReq	Sup't	B	S	ED-172	Official Notification of Appointment: CGS 10-145a	Pat Scully	566-4183
AsReq	Sup't	B	S	ED-177	Application to Issue Emergency Permit: CGS 10-145a	Pat Scully	566-4183
AsReq	Sup't	B	S	ED-179	Application for Coaching Permit, Waiver, or Temp Permit: CGS 10-149	Pat Scully	566-4183
AsReq	Sup't	B	F	ED-226	Grant Application--Trans Pgm for Refugee Children: PL 94-405	George DeGeorge	566-5670
AsReq	Sup't	B	F	ED-234	Refugee Student Report: PL 94-405	George DeGeorge	566-5670
AsReq	Sup't	B	F	ED-236	Immigrant Student Survey: PL 98-511	George DeGeorge	566-5670
AsReq	Sup't	B	F	ED-237	Grant Application--Emergency Immigrant Education Funds: PL 98-511	George DeGeorge	566-5670
AsReq	Sup't	B	F	ED-238	Emer Immgrnt Educ Funds Progm--Annual Progress Report: PL 98-511	George DeGeorge	566-5670
AsReq	Admins	C	S	ED-301	Statement of Age (Working Paper): CGS 31-23	Natalie Rapoport	638-4162
AsReq	Dirctr	C	S	ED-310	Application: Approval of Occupational Schools: CGS 10-7a-1	Priscilla Boivin	638-4159
AsReq	Dirctr	C	F	ED-315	Appln for Aprvl to Train Vets/Elig Dpndts: Deg Grntg Schl: PL 89-358	Joseph Cabanas	638-4158
AsReq	Dirctr	C	F	ED-316	Appln for Aprvl to Train Vets/Elig Dpndts: Non-Deg Grantg: PL 89-358	Joseph Cabanas	638-4158
AsReq	Sup't	B	S	ED-322	Grant Application for Regional Special Educatn Facility: CGS 10-76e	Alan J. White	566-3695
AsReq	BdEduc	C	S	ED-501	Preliminary Application for Aprvl, Regnl Vo-Ag Facility: CGS 10-284	Roger W. Lawrence	638-4054
AsReq	Sup't	D	F	OE-423	Application for Disaster Assistance: PL 81-874	William D. Guzman	566-7546

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AsReq	BdEduc	D	S	TRB14	Disability Application From Town for Member's Retirt: CGS 10-183n	Gail Barton	566-5285
AsReq	BdEduc	D	S	TRB25	Physician's Confidential Report: CGS 10-183n	Gail Barton	566-5285
AsReq	BdEduc	D	S	TRB25C	Physician's Report of Illness: CGS 10-183n	Maria Todd	566-3889
AsReq	BdEduc	D	S	TRB27	Application for Withdrawal of Member's Deposits: CGS 10-183n	Suzanne Bock	566-3889
AsReq	BdEduc	D	S	TRB27V	Application for Withdrawal of Voluntary Deposits: CGS 10-183n	David Seltzer	566-2875
AsReq	BdEduc	D	S	TRB31A	Reinstatement Application: CGS 10-183n	Stella Kulagowski	566-2875
AsReq	BdEduc	D	S	TRB34T	Trustee Designation: CGS 10-183n	Stella Kulagowski	566-2875
AsReq	BdEduc	D	S	TRB53	Authorization of Formal Leave of Absence: CGS 10-183n	Stella Kulagowski	566-2875
AsReq	BdEduc	D	S	TRB81	Authorization of Voluntary Deductions: CGS 10-183l	Suzanne Bock	566-3889

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